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ABSTRACT

The California Student Substance Use Survey marks a milestone in the state's efforts to monitor, understand, and prevent adolescent substance use and abuse. Chapter 1 presents the methodology. This survey follows a shift in California policy to a written parental consent requirement. Sample characteristics, consent procedures, and methods of data analysis are presented and discussed. Alcohol, still the most heavily used drug among teens, is presented and discussed in Chapter 2. Chapter 3 provides data on "Illicit Drug Use." Data on prevalence, heavy use, cessation attempts, first drug use, problems, perceived harm, and perceived availability to teens are discussed in both chapters. Chapter 4, "Level of Involvement," covers the range of use. Chapter 5 provides information on prevention and intervention efforts. Chapter 6 discusses tobacco use and prevention. Chapter 7 provides conclusions and implications for prevention and intervention programs. Despite some fluctuations over the last decade, adolescent use of alcohol, tobacco, and other drugs remains as common among the actively consented sample in the current survey as that of the mid 1980s. An executive summary is included. Appendixes are: (1) "Supplementary Trend Tables"; (2) "The Effect of Active Consent on Response Rates"; (3) "Upper-Grade Survey Instrument." (EMK)

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Sixth
BIENNIAL

ED 423 460

Statewide Survey of Drug and Alcohol Use Among California Students in Grades 7, 9 and 11

Gregory Austin
Rodney Skager

MAY 1998

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Sixth Biennial

Statewide Survey of Drug and Alcohol Use Among California Students in Grades 7, 9, and 11

Winter 1995-96

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and
Gregory Austin, Ph.D.
WestEd

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Opinions, findings, and conclusions in this publication are those of the authors and not necessarily those of the state agencies.

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We are indebted to Attorney General Daniel E. Lungren for his continuing support of this survey and his recognition of the importance of ongoing monitoring of alcohol, tobacco and other drug use by California youth as a guide to prevention and intervention efforts.

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The support by Dr. Mecca since 1991 has made it possible to achieve the long-recommended goals of having project staff administer the survey at the school sites and enhancing the survey's comparability to national surveys.

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This project would not have been possible without the cooperation of the school superintendents, principals, and teachers. Their commitment and professionalism have made this survey a reality once again.

At WestEd, special recognition should be given to several individuals: Joni Radio Gaynor and Carol Burgoa supervised the survey administration. Jerry Bailey provided invaluable assistance in the planning and data analysis. Robert Sieber maintained the project database and assisted in school liaison and report preparation.

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Foreword

More than a decade has passed since a benchmark was set in 1985 with the first statewide survey on drug and alcohol use among California students. During these past ten years, we tracked a decline in students' drinking and drug use. Then in 1993, we noticed usage going up.

In this *Sixth Biennial Statewide Survey* of 7th, 9th and 11th graders, findings reinforce that upward trend: in 1995-96, marijuana and inhalant use has gone up among our teenagers. Researchers found that 11 percent of 7th graders, 34 percent of 9th graders and 43 percent of 11th graders reported using marijuana in the preceding six months of the survey. Use of any illicit drug in the prior six months was reported by one-fourth of 7th graders, more than four-in-ten of 9th graders, and almost half of the 11th grade students. "These results should give pause," stated the survey researchers.

The findings were reported prior to passage by California voters of Proposition 215, which legalizes the use of marijuana for medicinal purposes. As this controversial proposition refuels the debate over marijuana usage, its approval by voters may affect the way young people think about drug use — to view drugs as "okay" and marijuana as "safe."

At this critical time, adults must step forward as role models. The survey found that many students know of adults who use drugs. Indeed, more than half of the 11th graders surveyed knew an adult who uses marijuana regularly.

However, there is hope. Along with responsible parents and other adult role models, prevention programs in California schools can help bring a decline of drug, alcohol and tobacco use.

This is why the Attorney General's biennial survey has been so important for over 12 years. It provides state and local policymakers with information on current or developing trends, comparison data for prior years, and ideas for targeting prevention resources more effectively. Joining the Attorney General in this effort are Delaine Eastin, Superintendent of Public Instruction; Dr. Andrew Mecca, Director of the Department of Alcohol and Drug Programs; and Kim Belshé, Director of the Department of Health Services. Our thanks go to them for their support of this project. Special thanks also go to the school administrators, teachers, parents, and especially the students for their participation in this important endeavor which benefits all young people in California.

Office of the Attorney General
Crime and Violence Prevention Center

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Abbreviations and Definitions

CSS	California Student Substance Use Survey (also known as the Biennial Statewide Survey of Drug and Alcohol Use Among California Students)
Drugs	
AOD (ATOD)	Alcohol (tobacco) and other drugs
Alcoholic Drink	One can/bottle of beer or wine cooler, glass of wine, mixed drink, or short glass of distilled spirits (liquor)
Illicit Drugs	Drugs other than alcohol or tobacco (e.g., marijuana)
Polydrug Use	Use of two or more different drugs on the same occasion
Tobacco	Includes both smokeless tobacco and cigarettes
Prevalence Measures	
Any Use	Use at least once. For cigarettes, defined as smoking a whole cigarette. For alcohol, consuming a full drink.
Six-Month Prevalence	Any use six months prior to the survey
Lifetime Prevalence	Any use over respondent's lifetime (i.e., ever use)
Current Use	Any use 30 days prior to the survey
Weekly Use	Use once a week or more often, in the past six months
Daily Use	Use once a day or more often. For alcohol and illicit drugs, calculated for the past six months. For smokeless tobacco and cigarettes, for the past 30 days.
Heavy Drinking	Drinking five drinks or more in a row on the same occasion at least once in the past two weeks

Executive Summary

The sixth *Biennial Statewide Survey of Drug and Alcohol Use Among California Students* — hereafter referred to as the California Student Substance Use Survey (CSS) — marks a major milestone and transition in the state's efforts to monitor, understand, and prevent adolescent alcohol, tobacco, and other drug (ATOD) use. It has now been a decade since the survey of 7th, 9th, and 11th graders began. However, because of changes in the sample due to new written or "active" parent consent requirements, the current results should be considered a new benchmark from which to monitor use in the future.

Between 1985 and 1989, illicit drug use among California students steadily declined. In 1989, alcohol consumption declined as well. In the 1991 survey, signals were mixed. Students reported: (a) a resurgence in alcohol use; (b) slight increases in the use of marijuana, LSD, and inhalants; and (c) continued declines in the use of cocaine and amphetamines. The results of the 1993 survey were a wake-up call to the state. Major increases occurred in the use of marijuana, LSD, inhalants, and several other drugs, especially among 9th graders. Alcohol use appeared to be stable, but at disturbingly high levels. Progress in reducing cigarette smoking also had not occurred, in spite of the state's anti-smoking campaign.

Comparisons between current (1995-96) and earlier findings must be treated with great caution because the respondents in this new active-consent sample may differ from previous samples when "passive" or implied consent procedures were used. With this caveat in mind, in the main there is relatively little difference in current results from those of 1993. The most notable exception was a continuation in the rise in marijuana use that began in 1993. The other main differences were higher rates of polydrug use, attendance at school "high" on drugs, and intoxication on illicit drugs by age 12. Other differences tended to be not only small but inconsistent across grades and drugs. One overall conclusion is apparent: Despite some fluctuations over the last decade, adolescent use of alcohol, tobacco, and other drugs remains, for all practical purposes, as common among the actively-consented sample in the current survey as that of the mid-1980s when this survey was initiated.

Survey Plan and Sample Considerations

This sixth survey was administered in 117 public and 11 private (independent) secondary schools statewide between November 1995 and March 1996. Schools were randomly selected for the sample proportionally to the number of schools in each of six geographic regions of the state. Approximately half of the schools in each region was retained from the 1993-94 survey; the other half was newly selected.

To ease the burden of survey participation on the schools, the survey plan was changed to sampling intact classrooms, rather than individual students as in the past, and the number of participating schools was increased. To adjust for the change, two regular classrooms were randomly selected at each grade level assessed out of a course required of all students. Selection of classrooms and the administration of the questionnaire were conducted by WestEd staff members.

Consent Procedures

All students and parents were informed that participation was absolutely voluntary, anonymous, and confidential. Parents were allowed to review the survey instrument prior to its administration. In the past, following standard procedures, parental approval of their child's participation was implied or assumed unless they notified schools that they *did not* approve. This year, in response to public concern over youth surveys and anticipated legislative requirements, written or active parent consent was required for the first time in order for a student to participate. No student took the survey without a signed consent form from a parent or guardian.

Sample Characteristics

The survey was completed by 5,775 students in grades 7, 9, and 11 (or approximately 1,925 students at each grade level). This represented a drop in response rates compared to previous surveys — 38% of the intended sample did not participate — and there were wide variations across schools and even among classrooms within schools. This was due almost entirely to variations in the proportion of consent forms that were returned. The ethnicity of the final sample was consistent with that of previous CSS. Females were overrepresented, but the data were weighted to correct this gender bias. More problematic, the active consent procedures appear to have produced a sample that may underrepresent economically and educationally disadvantaged students, but the potential effect of this on the results was impossible to determine.

Overall, it is appropriate to consider the 1995 active-consent sample as representing a new benchmark. This provided an opportunity to combine public and private school data for the first time, as had been recommended.

Alcohol

Alcohol remains the most widely used substance. Compared to the last survey in 1993, alcohol use rates generally were similar or slightly lower. Across grades and beverage categories, current drinking rates still exceed the lowest rates reported in 1989 and are not appreciably different than those of 1985.

Six-Month Prevalence

- **Total Alcohol**. Half of 7th-, two thirds of 9th-, and three quarters of 11th-grade students reported at least some drinking in the six months preceding the survey. These levels are about the same as those observed in every survey since 1989.

- **Beverage Type**. In all categories of alcoholic beverages (i.e., beer, wine, and spirits), the percentages of drinkers were similar to those reported in 1985, after having dipped in 1989. The main difference since 1993 was higher spirits drinking among 11th graders (55% vs. 52%).

Heavy Drinking

Consuming five drinks in a row on one occasion in the past two weeks — an indicator of heavy drinking — was reported by 8% in 7th grade, 17% in 9th, and 22% in 11th. These rates are similar to 1993.

Illicit Drugs

The major difference in results for the active-consent sample compared to 1993 was higher marijuana use reported by 9th and 11th graders, continuing an upward climb begun in 1991. In all grades, marijuana use is now the highest ever reported, at least half again as high as reported in 1989. The rise in marijuana use also contributed to a rise in overall illicit drug use. In general, there were no meaningful changes in the use of other specific illicit drugs, in contrast to the increases observed in 1993. Changes that did occur were small and not consistent across grades, suggesting general stability.

Six-Month Prevalence

- ***Any Illicit Drug.*** Overall use of any illicit drug was reported by 43% of 9th and 49% of 11th graders. This was higher than in 1993, mainly because of the rise in marijuana use.

- ***Marijuana.*** Marijuana was the most popular illicit drug overall. Marijuana use in the past six months was reported by 11% of 7th graders, by 34% of 9th, and by 43% of 11th. In all grades, marijuana use is now the highest ever reported, at least half again as high as in 1989 (7%, 19%, and 28%, respectively).

- ***Inhalants***. Inhalants were the most popular illicit drug among 7th graders (16%), as consistently found in the past. They were the second most popular drug among upper graders (reported by 22% of 9th graders and 15% of 11th). Although current results are similar overall to 1993, between 1989 - 1993 a marked increase in use occurred, especially among upper graders. Ninth-grade rates were about the same as 7th-grade between 1985 and 1991; now they are about 40% higher.

- ***LSD***. LSD use was reported by 10% in 9th and 11% in 11th grade, about the same as 1993. This may indicate that the rise in LSD use observed between 1989 and 1993 is tapering off.

- ***Cocaine***. Cocaine use was at 6% among 9th graders and 7% among 11th, about the same as 1993. The highest use was reported in 1985, at 10% and 18%, respectively, but current results suggest the decline since then has bottomed out.

- ***Amphetamines***. Amphetamine use was reported by only 2% of 7th graders, but by 11% of 9th and 10% of 11th. Since 1991, use of amphetamines has risen among upper graders to exceed cocaine, but current rates are still lower than in 1985. There is little current evidence for a surge in methamphetamine use among students comparable to that reported among adults.

Weekly Marijuana Use

Use of marijuana once a week or more frequently was reported by 12% of 9th and 16.5% of 11th graders, compared to 4.5% and 7% in 1989.

Early Intoxication

- ***Alcohol***. Alcohol intoxication (ever) by age 12 was reported by 22% of 7th graders, about the same as in 1993 (23%). In contrast, between 1989 and 1993 the rate rose from 13% to 23%.

- ***Illicit Drugs***. Intoxication (ever) from an illicit drug by age 12 was reported by 12% of 7th graders, about the same as 1993, but double the rate in 1991 (6%).

Level of AOD Use Involvement

- ***Abstinence (Past Six Months).*** The percentage of students who abstained, from both alcohol or other drug (AOD) use in the past six months, declines by almost half as they get older. From 44% abstaining in 7th grade, the rates decline to 30% in 9th and 23% in 11th. The rates for each grade have varied little since 1987, which was the first year abstinence rates were calculated.

- ***Polydrug Use.*** The percentage of upper graders who reported that they had used more than one drug on the same occasion (alcohol included) in the past six months was 25% in grade 9 and 32% in grade 11. These rates are slightly higher than in 1993 and about 50% higher than in 1991 (14% and 21%, respectively). This difference is probably associated with the rise in marijuana use of about the same proportion over this period.

- ***Excessive Alcohol Use.*** Almost one quarter of 9th graders (23%) and one third of 11th (31%) were classified as excessive alcohol users. This is moderately higher than in 1991, when the rates were 18.5% for 9th graders and 27.5% for 11th.

- ***High-Risk Drug Use.*** The proportion of 9th and 11th graders classified as high-risk illicit drug users was 20% and 27%, similar to 1993. These rates are double those of the lows reported in 1991 (11% and 18%, respectively). By the 11th grade, students were more likely to be classified as a High-Risk Drug User than to be abstinent.

- ***Attending School "High" on Drugs.*** Attending school at least once "high" on alcohol or another drug was reported by 23% of 9th graders and 32% of 11th, compared to 14% and 22%, respectively, in 1989. This increase may be related to the higher rates of marijuana use reported over this period.

AOD-Related Problems

- ***Total Problems.*** One or more of 11 problems associated with illicit drug use were experienced by 17% of 9th- and 22% of 11th-grade students. Rates for alcohol were slightly higher, at 22% and 31%, respectively.

- ***Types of Problems.*** Adverse pharmacological effects (passing out, having a bad trip), hurting school work, and fighting with parents were the top three problems for both drug types. Harm to school work was reported by 7% of 11th graders for alcohol and by 10% for illicit drugs. The violence-related problems were more associated with alcohol than illicit drugs. Among 11th graders, rates reported by weekly users of alcohol or marijuana were about three times those reported by the total sample.

- ***Drinking and Driving.*** Approximately 26% of 9th graders and 38% of 11th had ever driven a car after drinking or had ever rode in a car which someone else drove after drinking. This compares to 28% and 41%, respectively, in 1993. This is the first time since 1989, when the item first was used, that rates declined compared to the previous survey.

Perceived Harm

The great majority of students in each grade have always believed frequent (daily) use of alcohol, cigarettes, and marijuana to be harmful. However, these perceptions have been consistently weaker for alcohol than for cigarettes and, especially, marijuana.

- ***Alcohol.*** Almost double the proportion of students believed daily alcohol drinking to be *harmless* (7%-12%) compared to illicit drugs (4-6%). In all grades this belief was about half again as high compared to

1993. Concomitantly, the rates for *extremely harmful* were about half of those for illicit drugs (28%-36% vs. 64%-81%).

- ***Illicit Drugs.*** The rise in marijuana use in grades 9 and 11 between 1989 and 1993 was accompanied by a decline in the proportion of upper graders who perceived daily marijuana use to be *extremely harmful*. In the current sample, 80% in 7th grade and two thirds in 9th and 11th considered daily use of marijuana *or* other illicit drugs to be extremely harmful. Very few respondents believed it to be *harmless* (4-6% across grades).

Social Influences

Underlying adolescent AOD use are high rates for perceiving both alcohol and illicit drugs to be easy to obtain, as well as continued modeling of drug use by adults.

- ***Alcohol Availability.*** More students in grade 7 perceived alcohol as *very easy* to obtain than in 1993 (24% vs. 20.5%), but fewer students in grade 11 (48% vs. 53%). There was no difference in grade 9 (at 41%). Almost one half of 7th graders now consider alcohol to be either very or fairly easy to obtain, three-quarters of 9th graders, and 83% of 11th.

- ***Illicit Drug Availability.*** Almost one in three 7th graders perceived marijuana and other drugs to be fairly or very easy to obtain, as did two thirds of 9th, and eight-in-ten 11th graders. The perceived ease of availability of illicit drugs relative to alcohol increased markedly with grade. Moreover, among upper graders in the past two surveys, the proportion perceiving illicit drugs to be *very easy* to obtain has equaled (grade 9) or exceeded (grade 11) that for alcohol.

- ***Drug Use Among Adults.*** Knowing one or more adults who used drugs regularly was reported by over one half of 11th graders for marijuana (53%), and almost one quarter for cocaine and amphetamines (24% each). Rates were only slightly lower among 9th graders (43%, 21%, and 20%, respectively).

School Prevention and Intervention Programs

Prevention

- ***Involvement in Past Year.*** Prevention exposure in general tended to decline in high school. The percentage of students who denied, or were not aware of, any participation in a prevention program/activity during the preceding year ranged from 36% among 7th graders to 43% of 11th graders. Among upper graders, these were higher rates than reported for exposure to any specific prevention activity.

- ***Lifetime Exposure.*** Regardless of grade level, almost 20% of students reported that they *never* had AOD-related classes or programs in school. However, the rate of nonexposure increased with grade, and among 11th graders it has been increasing since 1989.

- ***Effects***. Regarding specific effects, learning about harmful effects and about avoiding use were the most frequently reported kinds of prevention experiences across all grades.

Intervention

- **Helping Resources**. The majority of high school students (50% of 9th and 52% of 11th graders) either did not know if there were any school efforts to help students stop or reduce their AOD use, or believed that students in trouble with AOD use would receive *no help*. This was also true of regular users — those who would be the target of any helping services if they existed.

- **Type of Response**. The most selected option was that such students would be *expelled or transferred* (27% of 9th and 32% of 11th graders). Only about one fourth of 9th graders (26%) and even fewer 11th (23%) believed that students would get *help from an adult* at their school.

Cigarette Smoking

Use in the Past Month

Smoking reported by the current active-consent sample tended to be only slightly lower than reported in 1993. There was little to indicate that meaningful inroads have been made in adolescent smoking over the past decade.

- **Any Smoking**. Overall (any) smoking in the past month was reported by 15% of 7th, 28% of 9th, and 30% of 11th graders. These were about the same rates as in 1993 in all grades, and also about the same as in 1985 among 7th and 11th graders and lower only in grade 9 (34% in 1985).

- **Daily Smoking**. The smoking of one or more cigarettes each day has been relatively constant throughout the survey's history. It was reported by 8% of 9th and 12% of 11th graders, the same as in 1989 and 1993. It was reported by only 2% of 7th graders.

Perceived Harm

The perceptions of daily smoking as *extremely harmful* were similar to alcohol (32%-43%), but the rates for *harmless* were about one third less or more (5%-8%).

School Intervention Programs

As was the case with AOD use, receiving help with smoking cessation in a school program was rare. Only 10% or slightly more reported that it would be very likely to find help at their school. In contrast, almost half thought it would be unlikely, and almost one fifth said that they were unaware of such services.

Conclusions and Recommendations

The findings indicate powerful social and cultural supports for AOD experimentation and use among youth. This leads to the following observations in relation to prevention programs and policy.

- By the later teen years, trying an illicit drug (ordinarily marijuana) at least once or a few times is "normal" in a statistical sense. Experience with alcohol is even more common. It would appear that such experimentation is perceived by substantial numbers of young people as socially acceptable and perhaps even as socially desirable.
- Prevention strategies which solely emphasize that using alcohol and drugs is wrong and dangerous to health and well-being are not likely to have significant effects on use of either class of substances.

Significant numbers of students have experienced, or are at risk of experiencing, problems as a result of frequent or heavy AOD use. Yet very few students are aware of any helping resources available in their schools. In fact, more than half believed that students with drug problems, if discovered, would be transferred or expelled.

- Intervention programs should be available in all schools to help students showing signs of dysfunction because of substance use. These include elementary school support programs for young children from alcohol and drug abusing families, and student assistance programs in secondary schools that employ referral strategies.

I. Introduction and Methods

This report summarizes results of the sixth biennial California Student Substance Use Survey (CSS) among 5,775 students in the 7th, 9th, and 11th grades in 117 public and 11 private or independent schools. Since 1991, California law has required the survey every two years, but participation by school districts, schools, and students is voluntary.[1] It is administered under conditions of strict confidentiality and anonymity at all levels, with parental consent required for all respondents.

The current survey was conducted by WestEd in the late fall and winter of the 1995-96 school year and will be referred to in this report as the 1995 CSS.[2] This survey marks a major milestone and transition in the state's efforts to monitor, understand, and prevent adolescent alcohol, tobacco, and other drug (ATOD) use. It has now been a decade since the survey began in 1985-86, an appropriate time to look back at what we have learned and to review the overall implications.

Between 1985 and 1989, illicit drug use among California students steadily declined. In 1989, alcohol consumption declined as well. In the 1991 survey, signals were mixed. Students reported: (a) a resurgence in alcohol use; (b) slight increases in the use of marijuana, LSD, and inhalants; and (c) continued declines in the use of cocaine and amphetamines.

Results of the 1993 survey were a wake-up call to the state. There were large increases in the use of marijuana in grades 9 and 11, as well as noticeable increases in use of inhalants, amphetamines, LSD, and polydrug use. While alcohol consumption did not change since the 1991 survey, it nevertheless remained common; the percentages reporting drinking-and-driving experiences continued to increase. No progress occurred in reducing cigarette smoking despite the state's anti-smoking campaign.

The primary question in the current survey was whether or not these patterns had continued, stabilized, or begun to decline. However, complicating the interpretation of the current findings was the new requirement to obtain written parental consent. Comparability with previous surveys is obviously a central concern when major changes in procedures must be accommodated in a survey which tracks self-reported behavior and attitudes. As will be shown, because of the new consent procedure, the 1995 sample should be considered a new benchmark from which to monitor future use, and comparisons between current and earlier findings must be treated with great caution.

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[1] Section 11605 of the Health and Safety Code requires the Office of the Attorney General, in consultation with the Governor's Policy Council on Alcohol and Drug Abuse, to conduct the survey. In 1993, the Office of the Attorney General was joined in sponsorship of the survey by the California Department of Education, Department of Alcohol and Drug Programs, and Department of Health Services.

[2] This and earlier CSS surveys are referred to by the odd-numbered year because most survey questionnaires were administered before the end of that year. Earlier results were reported in Skager, Fisher, & Maddahian 1986; Skager, Frith, & Maddahian 1989; Skager, Austin & Frith 1990; Skager & Austin 1993; Austin & Skager 1996. See also Skager & Frith 1989.

Report Organization and Data Presentation

A list of abbreviations and definitions is included at the beginning of this report. The term "illicit drugs" refers to psychoactive substances other than alcohol and tobacco. The abbreviation "AOD" refers to alcohol and other illicit drugs. Discussions of substance use do not include tobacco unless it is explicitly mentioned, as in alcohol, tobacco, and other drug use (ATOD).

Percentages in the tables include values of tenths of one percent, but they are rounded to the nearest whole number in the text.[3] Rates of use, or "prevalence" rates, refer to any use in the six months prior to the survey administration unless explicitly specified otherwise (e.g., 30-day use, lifetime use, weekly or more frequent use). Lifetime prevalence refers to *ever* having used a drug. Current prevalence refers to use in the 30 days prior to survey administration.

The presentation of survey findings in this report is organized differently than in the past. Rather than grouping the findings for all substances together for each question, they are organized around distinct drug categories. Sections II and III report the results on items on alcohol and illicit drugs. In each drug-specific section, information is presented on prevalence and level of use, patterns of use, attitudes, social context (availability, adult use), and related problems. Section IV deals in more depth with results relating to abstinence and the level of AOD use in general, particularly in regard to two summary indexes on high-risk illicit drug use and excessive alcohol use, but also polydrug use and attending school "high." Section V provides results on AOD prevention and intervention efforts. Section VI focuses on tobacco use and covers all of the above areas. Finally, the overall implications of the study are discussed in Section VII.

Whenever possible, this report offers comparisons between current results, the first CSS in 1985, and the immediately preceding 1993 survey. Appendix A presents supplementary tables with the results for all survey administrations.

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[3] For numbers ending in five tenths of a percent, odd numbers are rounded up and even numbers are rounded down. For example, 5.5 would be rounded to 6; 4.5 to 4.

School Grades Assessed

The CSS has always assessed students in grades 7, 9, and 11, which enroll age cohorts of special interest. Grade 7 (age 12) is usually the beginning of secondary school and the last preteen year. Levels of alcohol and other drug (AOD) use have consistently been low at this grade level, rendering it a natural baseline for comparisons with teenager populations. Grade 9 (age 14) is typically the first year of senior high school, a time when prevalence of AOD use has increased to substantial levels. Grade 11 was selected (instead of grade 12) because school authorities advised that information collected in the penultimate year of high school would be more useful to the planning of prevention and intervention programs. In addition, other studies have revealed that virtually all students initiating substance use in secondary school will have done so by the end of the 11th grade.[4]

Administration of the Survey

Surveys were administered at each school site by WestEd proctors who read the instructions to ensure that students understood their rights as voluntary survey participants, the purpose of the survey, and how to use the test booklet and machine-readable answer sheets.[5] Assurance of personal anonymity was emphasized. No name or other personal identifying information was recorded on the answer sheets (only school, grade, age, gender, and ethnicity). Respondents were seated so that other students and proctors could not see their responses. Completed answer sheets were placed in a sealed envelope that did not allow identification of individual respondents.

Instrument Content

The CSS uses the same multiple-choice questionnaire for grades 9 and 11. Seventh graders are given a shorter version that is less demanding of reading skills. A copy of the upper-grade instrument is appended to this report. Since 1985, the survey has used a core set of questions to assess use prevalence and patterns, plus additional questions on related attitudes, experiences, and behaviors.[6] Questions on tobacco use, use-related problems, other risky behaviors, and drug prevention were expanded in later surveys.

Use prevalence, patterns, and attitudes. The original core set of items on use of alcohol and drugs ask about the frequency of use in the six months prior to the survey (on an 8-point scale from "never" to "more than once a day"). Prevalence items added later assess use over respondent lifetime (ever) and in the past 30 days (current). These items facilitate comparisons with national substance-use surveys. Tobacco-related items were added following the passage of Proposition 99 to better monitor the state's tobacco prevention efforts. Other items inquire about use of more than one drug on the same occasion, crack cocaine, age of first use and intoxication (separately for alcohol, other drugs, and cigarettes), cessation attempts, and correlates such as availability, harmfulness of frequent use, sources of knowledge, use by adults, and reasons for drug use.

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[4] See the discussion in Skager & Austin 1993.

[5] Prior to 1993, school staff administered the survey using detailed instructions from the contractor and results were encoded manually.

[6] The core alcohol and illicit drug items were originally developed in the early 1980s by the Center for the Study of Drug Abuse Etiologies at the University of California, Los Angeles.

Use-related problems. Possible negative consequences of alcohol or other drug use are assessed by means of a checklist of eleven related problems. Students are also asked how often, if ever, they had been to school while "high" on drugs or been in a car when the driver (themselves or someone else) had been drinking.

Prevention and intervention. Questions on prevention cover participation in various school-based drug prevention classes and activities, and a checklist on what students learned in school about alcohol and drugs that affected their attitudes or behavior. Several new questions explore availability and use of intervention resources for students who had problems with alcohol, drug, or tobacco use.

Other risky or problem behaviors. In recent years, questions concerning other — often related — risky or problem behaviors have been expanded. These include violence, school problems, and delinquency. Because this report focuses on ATOD use, findings on those items will be examined in a separate publication.

Sample Selection and Recruitment

The sampling strategy involved two stages: selection of high schools and then a feeder school (for grade 7) for each; and selection of two classrooms within each grade in each school. Since 1991, half the schools in the previous sample (selected at random) have been retained in the next survey. In previous surveys, individual students were randomly selected from the grade level enrollment and "pulled out" of their classes to be surveyed as a group. In the current survey, responding to long-standing school requests, intact classrooms were surveyed rather than individual students.

School Selection

Seventy-three senior high schools were selected randomly from the six-cell sampling matrix representing six regions of the state (San Francisco Bay Area, Los Angeles County, and San Diego County, plus the remainder of the state divided into southern, central, and northern counties). The number of high schools sampled within each cell was proportional to the number of senior high schools in that cell. For each high school, one "feeder" junior high or middle school was selected that enrolled 7th-grade students who resembled as closely as possible the demographics of the high school students. This produced a total target sample of 136 schools, of which 63 enrolled 7th graders.[7]

Because of the shift to classroom sampling, fifty percent more schools were sampled than in the past to increase the number of students assessed to levels appropriate for this sampling method. The larger number of schools also enabled us to simplify the sampling design. Previously, the school sampling procedure was stratified to take into consideration the proportion of large and small schools in each region, with the split established at 200 or more students. This stratification variable had the initially unanticipated consequence of including virtually all of the state's continuation high schools in the "small school" category along with regular high schools. *Ad hoc* adjustments then were made to correct possible imbalances. The enrollment stratification was dropped in 1995 because it was no longer necessary: the increased school sample in each region resulted in appropriate representation in each category of schools, including small regular high schools and continuation high schools.

In addition, two private high schools with enrollment over 100 and associated feeder schools were selected for each of the six regions. This contributed another 22 schools to the *intended* total sample, of which 10 were feeder institutions. This was designed to produce a private-school sample approximately 10% of the size of the public school sample, the same proportion of the overall state high school enrollment. Adding the private schools resulted in an intended sample of 95 schools.

Invitations to participate were sent to superintendents of each school district containing one or more targeted schools. Because some districts were either unable or declined to participate, replacement schools from their same region were randomly selected until the targeted number of 73 senior high schools was achieved. (A total of 90 school districts eventually were contacted to enroll the intended number of participating senior high and middle schools). However, there was an additional sub-stage in that feeder schools enrolling 7th-grade students were identified once school district approval was obtained for participation by one or more senior high schools. A total of 63 feeder schools were so identified and contacted.

Classroom Selection

In the second stage, two classes per grade at each school were selected randomly to be assessed in the survey from among the set of classes required for all students at each grade level. The student sample is, of course, embedded within classrooms, since the plan was to assess all students in each classroom whose parents agreed they could participate. We increased the sample size to compensate for intercluster correlations; that is, the possibility that students in classrooms may be more similar than students individually chosen at random across all classrooms in a school. There was no reason to believe that the change to classroom sampling would in any way bias the results.

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[7] The total number of feeder schools for 7th graders did not equal the number of high schools because feeder schools were not selected for continuation high schools and several high schools in the sample included 7th graders.

Although the change from student to classroom sampling was made in response to frequent requests from school staff, it also was intended to help address a larger problem confronting those who wish to do surveys in schools. Many school personnel have expressed concern over the number of outside surveys conducted in recent years.[8] Intact classroom sampling was undertaken in the hope of minimizing sources of irritation associated with survey administration. Another advantage of this shift was that it facilitated the collection and monitoring of the parent consent forms, which is discussed below.

The District and School Samples

Of 90 districts originally asked to participate, 19 declined and randomly-selected replacements were contacted. The final sample consisted of 78 districts, for a total of 79% agreement. Tables 1 and 2 provide a breakdown on the number of public and private schools targeted vs. actually assessed by region. The bottom row of Table 1 reveals that 63 of the 73 targeted senior high schools (86%) actually participated in the survey. In the case of the feeder schools, the rate of school participation was virtually identical (54 of 63 schools, or 86% participation).[9]

Among the reasons provided by districts on why they chose not to participate, the two most frequent were opposition to drug surveys by parents or the school board, and intrusion into school activities and loss of instructional time. In addition, despite initial agreement by their districts, a few schools failed to respond even after repeated contacts by project staff.

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[8] Two of the three largest school districts initially contacted declined to participate on the grounds that they had already participated in "too many" surveys.

[9] There were 10 fewer feeder than public senior high schools because that number of high schools were either continuation schools taking students from the district at large or because they were grade 7-12 secondary schools.

Table 1
Number and Percent of Public High and Feeder Middle Schools Targeted vs. Actually Participating

Region	Feeder Schools (Grade 7) Target *n*	Actual *n*	(%)	High Schools Target *n*	Actual *n*	(%)
Bay Area	9	6	66.7	12	7	58.3
Los Angeles	14	14	100.0	15	14	93.3
San Diego	5	4	80.0	5	4	80.0
Northern	10	7	70.0	13	11	84.6
Inland/Southern	11	10	90.9	13	12	92.3
Central	14	13	92.9	15	15	100.0
Total	63	54	85.7	73	63	86.3

For both senior high and feeder schools, the largest proportional drop in school participation occurred in the Bay Area region (which includes the East Bay counties) due to a severe winter storm and prolonged teacher strike in one district. For the other five regions, the participation rate was 89% for feeder schools and 92% for senior high schools.

Table 2 reveals that overall participation among private schools was much lower. Only one third of the targeted high schools actually participated, compared to 64% of feeder schools. This was primarily a case of difficulty in obtaining approval. Authorities and/or boards in private senior high schools were much less willing to participate than were public school officials and boards, despite assurances that results for individual schools were absolutely confidential.

Table 2
Number and Percent of Independent Schools Targeted and Actually Participating

Region	Feeder Schools (Grade 7) Target	Actual	(%)	High Schools Target	Actual	(%)
Bay Area	2	1	50.0	2	0	0.0
Los Angeles	2	2	100.0	2	0	0.0
San Diego	2	1	50.0	2	0	0.0
Northern	2	1	50.0	2	1	50.0
Inland/Southern	1	0	0.0	2	1	50.0
Central	2	2	100.0	2	2	100.0
Total	11	7	63.6	12	4	33.3

Consent Procedures and Effects

Although parent consent has always been required for the survey, implied or passive consent procedures were used in the past. That is, parent approval was assumed unless parents informed the school that they did not want their child to participate. In 1995, for the first time, the CSS required active or written parental consent for student participation. No child under age 18 was surveyed unless a parent or guardian returned a signed approval form. This change was in response to growing parent and legislative concerns about protection of parent and pupil rights, including pending federal legislation to require active or written parental consent for all federally-funded research studies. Because this represents a significant modification of the survey design, its effects were of paramount importance. This is examined in detail in Appendix B; in this introduction, we will provide a brief overview.

School staff, under supervision of a survey coordinator appointed by the principal, distributed the consent-to-participate forms, supplied by the contractor, to the parents of students in the selected classrooms. These forms, as well as all other procedures and materials relating to the respondent rights and risks from participation, were reviewed and approved by the state Health and Welfare Agency's Committee for the Protection of Human Subjects.

An informed-consent form was sent home with each student, accompanied by a letter from the principal explaining the nature and purpose of the survey, and giving assurance of confidentiality and anonymity for participants. It included information on the purpose and sponsorship of the survey, participant rights, survey content and method, description of possible risks and benefits, confidentiality, whom to contact with questions, and a Bill of Rights for research participants. Forms were translated into Spanish, Cantonese, Vietnamese, and Hmong.

Students and parents also were informed that a dollar would be contributed to the school for each signed consent form that was returned, whether or not they agreed to their child's participation. This was done because research and experience indicated that written consent procedures result in a lowering of response rates largely because parents fail to return the forms — not because they disapprove of participation. The dollar incentive was designed to motivate school staff, students, and parents to return the forms promptly.

Local survey coordinators and teachers were asked to track students who received written permission to participate and to identify these students on the day of survey administration. Coordinators also were responsible for making arrangements for the survey administration and encouraging attendance by participating students. Thus, while classroom selection and survey administration were conducted by the contractor, significant responsibility remained with the school's site coordinator and the principal.

In this survey, the active parental consent requirement appeared to have had little influence on the participation of *districts* and the *schools* they incorporated. If anything, informal evidence suggests that active consent would provide insurance against complaints by parents or board members, and may have facilitated institutional participation. Unfortunately, the consent requirement did have a significant influence on the *student* response rate.

Previous research has suggested that written consent might bias the sample by reducing the number of students who agreed to participate in ways systematically related to alcohol and illicit drug use.[10] The final response rate within the participating schools (percentage of the expected sample that actually completed the survey) was 57%, the lowest ever experienced by the survey. The great majority of this loss (38%) can be attributed to the written consent policy, and most of this loss was due to the failure of consent forms to be returned. In the past, very few parents notified the schools that they did not want their children to participate. Even with active consent, only 6% of the returned forms were negative. But 32% of the forms were simply never returned to the school, despite the financial incentive that was provided. That is, these parents did not necessarily refuse participation, they simply did not respond or never received the forms.

This reveals only half the picture, however. Variations across schools ranged from 7% to 92%. This raises important questions about the regional representativeness of the sample, and that some schools were represented by very few students.

Was a systematic bias also introduced into the sample characteristics that would affect the comparability of the findings to previous CSS? Research has suggested that written consent results in an underrepresentation of minorities. However, the only significant correlation between the ethnicity of the student enrollment and the school response rate was for higher rates in schools with higher Asian enrollments; although there was some suggestion of lower rates among schools with high Black enrollment. As discussed below, the ethnicity of the current sample was similar to those of the past two surveys, indicating that no ethnic bias was introduced.

Correlations (reported and discussed in Appendix B) between other school-level measures of student-body characteristics revealed that response rates were *higher* at schools enrolling more seniors who graduated and who took college preparatory courses. Response rates were *lower* at schools with more students on school meal programs (7th grade) and more students from families on public assistance (Aid to Families with Dependent Children or AFDC). These systematic relationships indicate that the 1995 student sample was biased toward inclusion of relatively more students from economically advantaged and, conversely, relatively fewer participants from economically disadvantaged families.

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[10] Dent et al. 1993; Ellickson et al. 1988; Kearney et al. 1983; Lueptow et al. 1977; Severson Ary 1983; Thompson 1984; Wicker 1968.

The implications of these differences for interpreting the results are unclear. Other research suggests that an overrepresentation of high school seniors who intend to go to college results in an underestimation of the extent of heavy drinking and illicit drug use.[11] There was evidence that this may have been the case to some extent in the 1993 CSS as well.

It is evident that the current public school survey must be considered *a new baseline* for an era in which active parental consent for assessment of youth-risk behaviors is likely to be the national policy. As an indicator of this, a slash mark has been placed in all trend charts between the years 1993 and 1995.

The shift to active consent had one other important effect on the survey. In the 1991 and 1993 reports, we reported separately on exploratory surveys of a much smaller sample of private or independent school students. These surveys were not designed to be statistically representative of all private schools but only to provide some indication of drug use within nonpublic settings. The results revealed variations in some drug categories but, overall, suggested similar levels of involvement.[12] Because we were now establishing a new benchmark for the survey, we determined that it was an appropriate time to combine the results from the public and private schools; this would be a more accurate reflection of the student population in the state. Accordingly, the sample for data analysis described here for the first time consists of students in both public and private schools.

The comparisons that will be made between current and earlier surveys must be qualified as a result. Differences or similarities between current (1995) and earlier survey results may be due to: (a) changes in the sample associated with active consent and the inclusion of private schools; (b) actual trends in the total population of California secondary school students; or (c) both. When comparing current and earlier response percentages, it is impossible to untangle sampling effects from substantive effects. As a reminder of this, in all figures showing trends in survey results, a slash mark has been placed across the line between the 1993 and 1995 rates.

Student Sample Characteristics

The number of usable records by gender at each grade level for the current survey compared to the 1993 CSS is provided in Table 3. The results from the students (5,775) for the three grade levels are slightly less than the total number of students actually assessed due to elimination of unusable answer sheets.[13]

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[11] Johnston et al. 1994.

[12] See Skager & Austin 1993, and Austin & Skager 1996.

There were disproportionate numbers of females respondents at each grade level. Some small fluctuation in the relative proportion of male and females in the sample always has occurred, but it still consistently reflected even gender-split in the school enrollment. This is the first survey on which one gender (females) outnumbered the other at each of the three grade levels (by eight to ten percentage points). This is probably another effect of the shift to written parent consent; females may be more accommodating in giving the consent forms to their parents and returning them to the school. This bias, however, was easy to correct by weighting the data to reflect the statewide percentages of males and females reported in the latest California Basic Educational Data System (CBEDS).

Table 3
Number of Respondents, by Gender and Grade

	Grade 7				Grade 9				Grade 11			
	1993-94		1995-96		1993-94		1995-96		1993-94		1995-96	
	n	(%)	*n*	(%)	*n*	(%)	*n*	(%)	*n*	(%)	*n*	(%)
Male	946	51	901	46	897	47	770	45	796	49	862	46
Female	922	49	1,065	54	1,003	53	942	55	832	51	1,018	54
Total[a]	1,973		2,050		2,009		1,796		1,673		1,929	

[a]Total includes respondents who did not indicate gender.

In Table 4, the racial/ethnic composition of the current sample is compared with the 1991 and 1993 samples. Data on state enrollment from CBEDS are also provided for the sake of interest, but direct comparisons between the enrollment and sample data are not valid because the categorization systems are different. Because there are ever-increasing numbers of young people in California with racially and ethnically mixed parentage, we have added "mixed" and "other" alternatives to the traditional five major ethnic groups. These alternatives, especially mixed ethnicity, reflect California's dynamic demographic mix. Evidence that this trend is on the increase is readily apparent by comparing the percentages of endorsement at the three grade levels (21% of 7th-, 19% of 9th-, and 17% of 11th-grade students marked either "mixed" or "other"). These two categories are not included in CBEDS.

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[13] Eighteen students were dropped because they did not record their grade level. Another 46 were eliminated because they reported grade levels other than the ones surveyed. Another 101 records were eliminated because of improbable levels of substance use (three or more substances daily) or reported use of the "fake" drug. In all, 2.8 percent of the total number of answer sheets scanned were eliminated.

Table 4
*Racial/Ethnic Sample Composition, 1991-92 through 1995-96, Compared to 1993-94 School Enrollment**

	Asian (%)	Black (%)	Hisp (%)	Nat Am (%)	White (%)	Mixed (%)	Other (%)
Grade 7							
1991-92	10.7	8.1	29.4	2.1	33.8	11.4	4.6
1993-94	12.0	5.5	30.4	5.7	33.4	7.7	5.3
1995-96	9.2	4.6	24.8	3.0	37.6	15.4	5.5
CBEDS 1993/4	11.6	8.5	35.9	0.9	43.2	—	—
Grade 9							
1991-92	10.1	7.0	31.3	2.3	35.7	9.3	3.9
1993-94	9.7	5.9	28.1	3.5	40.8	8.5	3.5
1995-96	10.7	4.1	22.8	2.2	41.5	13.4	5.4
CBEDS 1993/4	11.2	9.2	37.1	0.9	41.5	—	—
Grade 11							
1991-92	10.9	7.8	32.0	1.9	37.4	7.0	2.8
1993-94	12.2	5.1	24.9	2.6	43.7	7.9	3.5
1995-96	10.4	6.9	22.1	1.5	42.3	13.3	3.5
CBEDS 1993/4	12.9	8.2	33.5	0.9	44.5	—	—

*California Basic Educational Data System (CBEDS), California Department of Education.

Overall, the current sample is consistent with those of the previous two surveys, although some shifts did occur.

- *Mixed ethnicity.* The percentage of students who marked the mixed racial/ethnic category was higher at all three grade levels for the current sample than for the previous survey. Roughly averaged over the 1991 and 1993 samples, the "mixed race effect" amounted to an increase for the current survey of from 4 to 6 percentage points, depending on grade.
- *Hispanics.* The percentage of Hispanic students in the current survey was lower by approximately 5 to 7 percentage points, depending on grade level.
- *African Americans.* The percentage of Black students was lower by 1 to 2 percentage points in grade 7, and 3 points in grade 9, but changed little in grade 11.
- *Other groups.* The percentages of Asian Americans, Native American, and White students have fluctuated somewhat over the three surveys but overall remained approximately the same.

A rather perplexing change in the sample was the decline in the percentages of Hispanics, because this runs diametrically opposite to known population trends. This decline appears to be related to the rise in the proportion of minority youth who identified themselves as mixed ethnicity. An examination of the composition of the mixed respondents revealed the majority of them indicated some Hispanic heritage. Moreover, declines in percentages of Hispanic and Black students for the current survey are nearly equal to increases at each grade level in the percentage of students who identified themselves as racially and ethnically mixed. Whether these declines also were due to a socioeconomic bias introduced by the active consent requirement (at least partially supported by the borderline negative correlation between Black ethnicity and response) cannot be determined.

One other factor may have influenced the discrepancies between current and previous racial/ethnic distributions. Despite the fact that proctors "walked" the respondents through the demographic section of the questionnaire, relatively large numbers (from 5.5% to 11%, depending on grade level) failed to respond, or made either multiple or out-of-range responses (the latter possible on the Scantron answer sheet).[14] For the overwhelming majority of the respondents whose ethnicity could not be established, the item was left blank.

There is no way to determine whether this tendency was random over the various racial/ethnic groups, or if one or more groups were more likely to ignore the ethnicity question. However, the reluctance to identify ethnicity may have been strongest among Hispanics and Blacks. Reports from field workers indicated a sensitivity among these groups to the ethnicity question, with many students questioning why it was asked. This survey occurred during a period when schooling and other social supports for children from undocumented families, the overwhelming majority of them Spanish-speaking, were under intense attack in California. It also took place shortly after the O. J. Simpson trial had heightened racial sensitivity. Under these circumstances, it is possible that some Hispanics and Blacks may not have identified their ethnicity.

Data Analysis

Use of School Means

In the past, results were calculated using students as the unit of analysis. The wide variation in school response rates associated with active-consent resulted in a more conservative approach to the interpretation of differences in this report. The results were based on schools as the unit of analysis because this approach, with its much smaller number of cases, yields more conservative (or, wider) confidence intervals.[15] The prevalence rates generated by both methods were very similar, however.

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[14] Specifically, the racial/ethnic classification of 166 (or 8%) students in grade 7, 198 (or 11%), and 107 (or 5.5%) in grade 11 could not be identified.

Weighting the Data

The number of students assessed at a particular school or within a particular region are unlikely to be exactly proportional to overall enrollment, and in some cases, may differ considerably. This is especially true at the school level in the current survey because two intact classrooms were assessed at each school regardless of total enrollment for the school. A school enrolling 150 students at the 11th grade would contribute the same number of cases as a school enrolling 1,000 students. This discrepancy was compensated by means of statistical weighting. The data were adjusted first for school enrollment and next for enrollment within region. This assured that neither schools nor regions would exert an influence in the final results that was disproportionate to the number of students they enrolled. As mentioned, the data also were weighted to correct the overrepresentation of females.

Discussion and Conclusion

This report marks the survey's first decade. It is time to look back at what we have learned and to review the overall implications of the findings. For the current survey, four major changes occurred in the sample selection, survey administration, and data analysis procedures. These were: (a) surveying intact classrooms; (b) increasing the school sample size, which enabled the sampling stratification procedure to be simplified; (c) adopting written parent consent procedures; and (d) integrating private schools into the survey.

The major issue in analyzing the current survey was the exact extent to which its active-consent sample might differ in a systematic way from previous implied-consent surveys, and the implications of that variation. The question remains, to what extent are current results comparable with the previous? How does one interpret any changes that may have occurred, or even the lack of any change at all? At the risk of redundancy, two qualifications reflecting the effects of the active parental consent policy must be repeated.

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[15] In earlier surveys, each response percentage was based on the number of students who had endorsed each alternative or combination of alternatives. Because of the very large number of cases at each grade level, the confidence intervals for interpreting the significance of differences were relatively small. For the current report, percentages endorsing each alternative were calculated for each school, then weighted and averaged over all participating schools. The overall results were thus based on the number of schools participating in the survey rather than the number of students. As it turned out, the relatively low variance among the school means yielded confidence intervals that were only slightly larger than those that would have resulted from a student-level analysis.

- To the extent that written parental consent procedures and the integration of private school students affected the sample, a new benchmark was created.
- Differences between current and prior results cannot necessarily be construed to reflect trends in substance use, since the latter are confounded by sample comparability. The question is whether the current results would have been higher, the same, or lower had the sample been recruited with passive consent as in the past.

With these important caveats in mind, current findings are, nevertheless, consistent with patterns observed over the previous five surveys. There were no radical differences in the current results compared to 1993. For most prevalence items, differences that did occur were small and often inconsistent across grades (e.g., slightly higher in one grade and lower in another).

The major change was a persistence in the rise in marijuana use that has been occurring since 1991, and that increased marijuana use has also contributed to rising rates of related behaviors, such as overall illicit drug use and polydrug use.

One overall conclusion is apparent: Despite notable shifts over the last decade, adolescent use of alcohol, tobacco, and other drugs in California remains as common among the actively-consented sample in the current survey as in the mid-1980s when this survey was initiated.

II. Alcohol Use

Alcohol remains the most widely used substance. Across grades and beverage categories, drinking rates were similar or slightly less than those of 1993. However, they still exceed the lowest rates reported in 1989 and are not appreciably different than those of 1985. Among the main findings:

- Half of 7th-, two thirds of 9th-, and three quarters of 11th-grade students reported at least some drinking in the six months preceding the survey.
- Rates for current use (past 30 days) ranged from 23% of 7th graders to 48% of 11th.
- Consumption of five drinks in a row at least once in the past two weeks, a measure of heavy drinking, was reported by 8% in grade 7 and 22% in grade 11. One fifth of 11th graders also reported drinking alcohol at least once a week.
- Alcohol intoxication by age 12 was reported by 22% of 7th graders.
- Approximately 26% of 9th graders and 38% of 11th had been involved in drinking-driving occasions.
- Over one fifth (22%) of 9th- and 31% of 11th-grade students indicated that they had experienced at least *one or more problems* associated with use of alcohol. Among weekly drinkers in grade 11, problem rates were about two to four times higher than for the total sample.

Underlying these high rates were ready availability and a low rate of perceived harm from frequent drinking.

Use Prevalence

Use of alcohol during the last six months, previous 30 days, and lifetime is summarized in Table 5 for the current and previous survey. Six-month prevalence rates were obtained for each of the three main types of alcoholic beverages and then a total alcohol use rate was calculated based on these data. For these measures, values from the first survey (1985) are included in the table for comparison to the original baseline. For the other measures (lifetime and current), respondents were asked only about use of any alcohol and data are only available since 1993.

Table 5
Alcohol Use in the Previous Six Months, 30-days, and Lifetime, by Grade

	Grade 7			Grade 9			Grade 11		
Substance	1985-86 (%)	1993-94 (%)	1995-96 (%)	1985-86 (%)	1993-94 (%)	1995-96 (%)	1985-86 (%)	1993-94 (%)	1995-96 (%)
Past Six Months									
Alcohol (Any)	—	53.1	50.3	—	68.6	67.2	—	74.3	75.3
Beer	41.1	39.4	37.1	61.0	57.2	54.0	69.2	63.3	64.1
Wine	40.1	41.8	40.3	56.1	57.6	54.8	62.0	60.3	60.7
Spirits	20.8	22.0	19.9	43.7	44.6	41.7	53.1	51.7	54.6
Alcohol Only[a]	—	31.9	29.3	—	29.8	27.3	—	30.3	27.8
Weekly Use[b]									
Alcohol (Any)	—	3.7	3.4	—	14.3	10.8	—	20.6	19.8
Beer	2.4	2.7	2.3	11.9	10.2	8.8	20.1	17.2	17.2
Wine	—	1.5	1.1	—	5.5	3.4	—	6.5	5.2
Spirits	1.2	1.1	1.0	7.0	6.7	4.8	9.6	8.6	9.4
Past 30 Days									
Total Alcohol	—	27.8	23.2	—	43.5	39.2	—	50.1	47.7
Lifetime (Ever)									
Total Alcohol	—	52.3	57.6	—	73.2	73.5	—	83.0	82.4

[a] Did not also report any illicit drug use. [b] Once a week or more often.

Six-Month Prevalence

About one half of 7th-, two thirds of 9th-, and three fourths of 11th-grade students reported consuming some alcohol in the previous six months. Beer and wine were the most popular beverages, with similar rates within each grade. Spirits became relatively more popular with age.

- As in previous surveys, by grade 11, beer was the most commonly used form of alcohol (64%), followed closely by wine (61%), and somewhat more distantly by spirits (55%). In grade 7, spirits drinking was about half the rate of fermented beverages (20% vs. 37% and 40%).

The proportion of respondents reporting using alcohol only — and not any illicit drug — was just under one in three in each grade (range 27% to 29%). They constituted 58% of 7th graders who had any alcohol in the past six months, but only 37% of 11th graders.

Stability over time in rates of alcohol use has been one of the most consistent findings of the survey, as Figures 1-3 illustrate (see also Appendix Tables A1-A3). The percentages at each grade level that reported use of any alcohol and each specific beverage were virtually the same in 1995 as in 1993, and little different from 1985. The major exception to this consistency was a dip in drinking beer and spirits in all grades in 1989. Minimally, it is clear that alcohol use of some kind is an ingrained, persistent feature of teenage life. (See Appendix A – for actual rates for each survey year.)

Figure 1
Beer Use in Past Six Months, Grades 7, 9 & 11, Since 1985

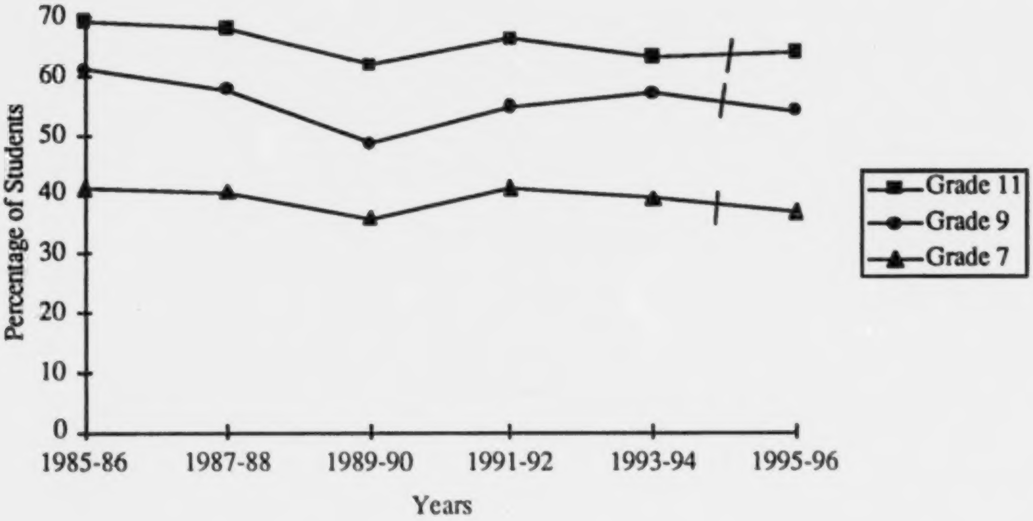


Figure 2
Wine Use in Past Six Months, Grades 7, 9 & 11, Since 1985

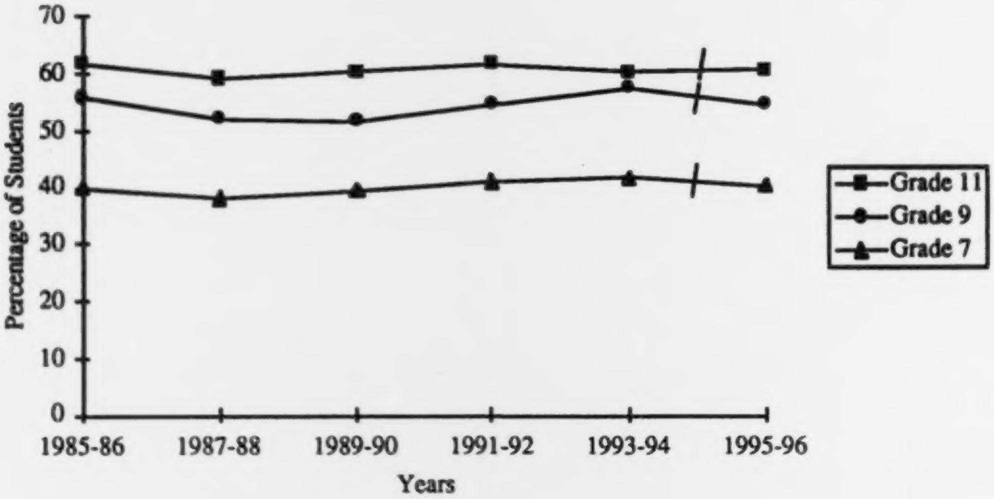
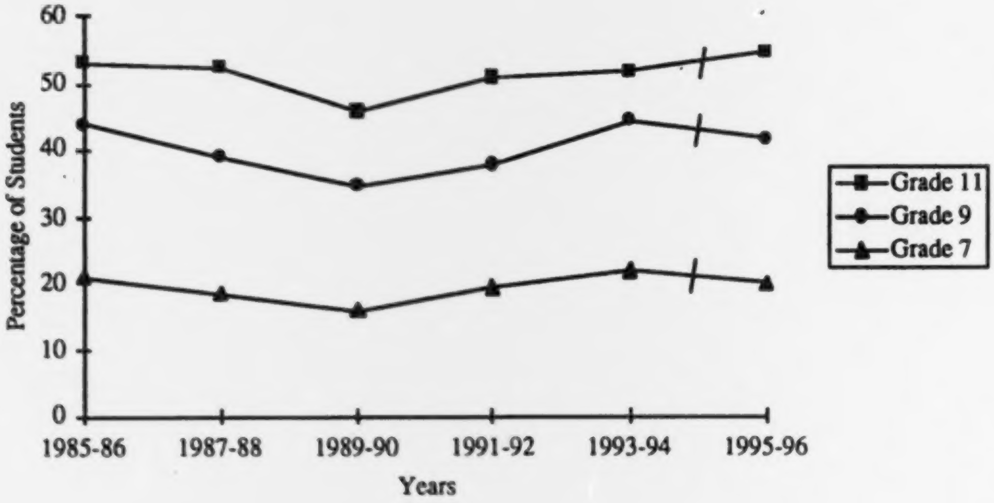


Figure 3
Spirit Use in Past Six Months, Grades 7, 9 & 11, Since 1985



30-Day Prevalence (Current Use)

Current (last 30 day) use of alcohol ranged from almost one quarter of 7th graders to almost one half of 11th (Table 5). These rates are slightly lower than in 1993. Reflecting the increased frequency of alcohol use among students in higher grade levels, the difference between 6-month and 30-day rates narrowed with age. The 30-day rate among 7th graders was under half the 6-month rate (23% vs. 50%), compared to almost two thirds among 11th graders (48% vs. 75%).

Lifetime Prevalence (Ever Use)

Rates of lifetime (ever) alcohol use are arguably less meaningful as an indicator of actual use as six-month and 30-day measures (Table 5). They may be inflated by very early experiences involving only minuscule amounts or only one occasion. However, lifetime rates are inevitably of interest because prevention programs have focused on stopping the initiation of any use.

- Lifetime use of alcohol was registered by 58% of 7th-, 74% of 9th-, and 82% of 11th-grade students (Table 5).

For grades 9 and 11, these results were virtually identical to those reported for 1993, but higher among 7th graders. Comparing these rates to those for current use of alcohol suggest that 40% of 7th graders, 53% of 9th, and 58% of 11th graders who ever tried alcohol had continued the practice.

These rates could be interpreted as involving only drinking a sip or two. In a separate item, respondents were asked at what age they first had an alcoholic drink, defined as "one regular can or bottle of beer or wine cooler, one glass of wine, one mixed drink, or one short glass of liquor." The resulting lifetime rates by the modal ages for each grade were 54% of 7th graders, 73% of 9th, and 83% of 11th. These rates have been relatively constant since 1985 and strongly indicate that at least half of students had an alcoholic drink by 7th grade, about seven out of 10 by 9th grade, and eight out of ten by 11th grade.

Regular and Heavy Drinking

Weekly Use

Table 5 reports the rates for weekly alcohol use, i.e., at least once a week, in the past six months. This measure is of special interest because it reflects *regular* rather than occasional or experimental use. (See also Figure 4.)

- Weekly alcohol use was very low among 7th graders (range 1% to 3% depending on beverage category). It was reported by 20% of

11th graders, or one fourth of those who had any alcohol in the past six months.

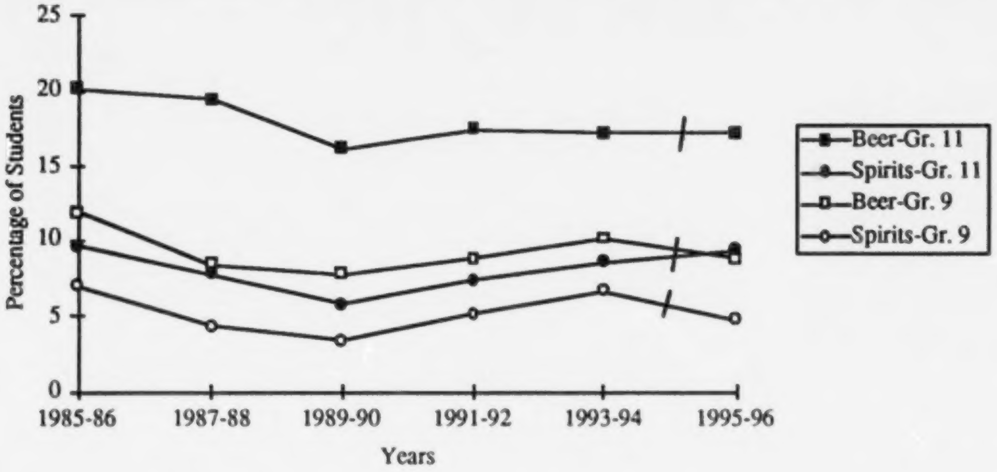
Among the upper graders, weekly drinking is particularly associated with beer. Whereas the overall prevalence of beer and wine drinking is very similar, the weekly rate for beer exceeded the combined total for wine and spirits.

- In 11th grade, 87% of weekly drinkers consumed beer. The rate for weekly beer drinking (17%) was over 3 times that for wine (5%) and twice that for spirits (9%).
- Weekly use was reported by 26% of drinkers of beer, 17% of spirits, and 9% of wine.

As shown in Figure 4, the weekly rates for beer and spirits among upper graders have been relatively consistent since 1985, except for a dip in 1989 that was similar to that found for overall use. Current rates are still lower than the peaks of 1985. The exception is spirits drinking among 11th graders, which has steadily risen since 1989 (see also Appendix Tables A1-A3).

Figure 4

Weekly Use of Beer and Spirits, Past Six Months, Grades 9 & 11, Since 1985



Heavy Drinking Indicators

Since 1991, respondents have been asked about three measures of heavy alcohol involvement: (a) the frequency of having five or more drinks on the same occasion in the previous two weeks (a standard indicator of at least occasional heavy or binge drinking); (b) the number of times they were ever physically sick from drinking; and (c) whether they like to drink "enough to feel it a lot" or "to get really drunk." Table 6 shows that substantial numbers of older secondary school students engaged in behavior or preferences associated with heavy drinking:

- Any single-setting heavy drinking in the past two weeks was reported by 22% of 11th, compared to 8% of 7th.
- Nearly one tenth of 7th graders (9%), one quarter of 9th, and 42% of 11th had been very drunk or sick at least once in their lives.
- One fifth of 9th graders (19%) and one quarter of the 11th (26%) reported that they drank "enough to feel it a lot" or "to get really drunk."

As with overall and weekly prevalence rates, these heavy drinking indicators have been relatively stable since 1991. The main change in 1995 was a slight increase in the liking "to get really drunk" in grades 9 and 11. As was found in 1993, slightly over half of the upper graders who had engaged in binge drinking in the past two weeks had done so at least twice (17% of 9th and 22% of 11th), suggesting this is regular behavior, probably on weekends.

Table 6
Heavy Drinking Indicators, by Grade

	Grade 7			Grade 9			Grade 11		
	1991 -92 (%)	1993 -94 (%)	1995 -96 (%)	1991 -92 (%)	1993 -94 (%)	1995 -96 (%)	1991 -92 (%)	1993 -94 (%)	1995 -96 (%)
Had five or more drinks	12.9	9.5	8.2	18.8	19.4	17.4	25.6	21.6	21.9
Ever very drunk/sick	11.7	11.6	9.4	23.4	26.8	25.4	40.0	40.9	41.6
Like feeling a lot/drunk[a]	5.3	5.5	3.9	12.6	16.0	19.1	18.6	21.3	25.8

[a] Likes to drink alcohol "enough to feel it a lot" or "to get really drunk."

Intoxication

In a separate item, respondents were asked the age they first felt intoxicated from an alcoholic beverage. A substantial proportion in all grades, and a clear majority, had experienced at least some intoxication by age 16 (Table 7). Intoxication rates rose in all three grade levels between 1989 and 1993, but changed little in 1995.

- Over one fifth in 7th grade (22%), over four in ten in 9th (46%), and almost two thirds in 11th (63%) said they had been high, drunk or intoxicated by the time they were, respectively, age 12, 14, and 16, the modal ages for each grade. As expected, these rates are higher than those for ever being very drunk/sick.

- Of those who ever had an alcoholic drink, intoxication was reported by 40% of 7th graders, 63.8% of 9th, and 75.8% of 11th.

Table 7
Any Alcohol Intoxication at Least Once, by Age and Grade Level

Age	1985-86 (%)	1987-88 (%)	1989-90 (%)	1991-92 (%)	1993-94 (%)	1995-96 (%)
7th graders by age 12	15.8	14.5	13.4	17.4	23.0	21.5
9th graders by age 14	47.1	37.6	34.3	35.8	46.6	46.2
11th graders by age 16	65.2	61.5	54.7	57.3	61.8	63.0

Cessation Attempts

Very few respondents who had ever tried alcohol had made any effort to stop, regardless of grade (Table 8). There was also little difference between 9th and 11th graders, or between current and 1993 results.

- About three quarters of upper graders who ever drank had never tried to stop (77% in 11th and 74% in 9th).
- In both grade levels, about the same percentage of those who used alcohol, had tried to stop drinking at least once (19% in 9th grade and 18% in 11th). An additional 6% and 5%, respectively, didn't know how many times they had tried to stop.

Table 8
Attempts To Stop Using Alcohol, Grades 9 & 11, Users Only

	Grade 9		Grade 11	
Frequency	1993 (%)	1995 (%)	1993 (%)	1995 (%)
None, but do use	74.7	74.4	77.4	76.7
Total any attempt	19.1	19.3	18.0	18.2
Once	13.1	12.5	13.5	11.4
Two or three times	3.3	4.4	3.5	4.3
Four or more times	2.7	2.4	1.0	2.4
Don't know	6.4	6.3	4.4	5.1

Use of Alcohol on Occasion of First Drug Use

Students were asked how many drinks they had consumed on the occasion of their first illicit drug use. A drink was defined as "one regular size can/bottle of beer or wine cooler, one glass of wine, one mixed drink, or one short glass of liquor." Among young people, alcohol and the social environment that accompanies drinking facilitates experimentation with other drugs. Results in Table 9 show that the majority of upper-grade students who had used drugs also drank on the occasion of their first drug experience, as did nearly half of the 7th graders.

- At least one drink of alcohol was reported by 46.5% of 7th-, 59% of 9th-, and 54% of 11th-grade drug users.
- Among 9th and, especially, 11th graders, the majority of those who had consumed alcohol had had more than one drink. Among 11th, almost half of these had three or more drinks.

Among 11th graders, rates on this measure have been quite stable since it was first asked in 1989 (range 54 to 57%). However they have declined markedly among 7th graders (from 79% in 1989). The current rate of 46% among 7th graders marked the first time at any grade that fewer than half of drug users reported drinking on the occasion of first use.

Table 9
Use of Alcohol on the Occasion of First Illicit Drug Use, Grades 7, 9, & 11

	Grade 7		Grade 9		Grade 11	
Amount Consumed	1993-94 (%)	1995-96 (%)	1993-94 (%)	1995-96 (%)	1993-94 (%)	1995-96 (%)
Did not drink first	39.4	53.5	45.0	41.4	43.3	46.2
Had one drink	34.1	28.6	23.0	26.2	17.6	14.6
Had two drinks	10.6	8.0	10.3	11.7	15.0	12.7
Had three or more drinks	15.8	9.8	21.8	20.7	24.1	26.6
Total who drank first	60.5	46.5	55.1	58.6	56.7	53.8

Drinking and Driving

Ninth and 11th graders were asked whether they had "ever driven a car when drinking or had been in a car with friends who were drinking and driving." Results appear in Table 10.

- Twenty-six percent of 9th- and 38% of 11th-grade students reported at least one drinking-and-driving experience in their lifetimes. Of these youth, having such an experience three or more times was reported by 42% in 9th and 45% in 11th (or 11% and 17%, respectively, of the total sample).

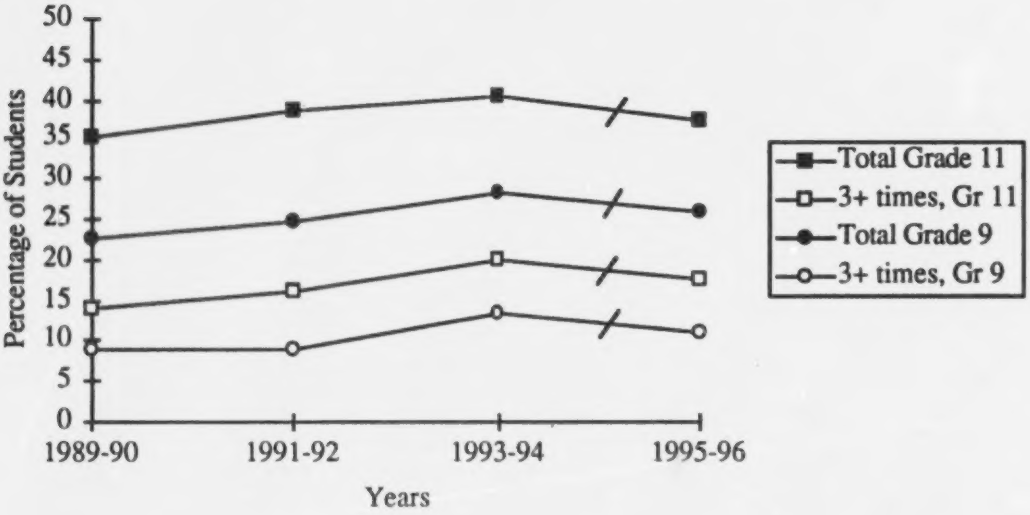
Table 10
Involvement in Drinking and Driving During Lifetime, by Grade[a]

	Grade 7		Grade 9		Grade 11	
Frequency	1993-94 (%)	1995-96 (%)	1993-94 (%)	1995-96 (%)	1993-94 (%)	1995-96 (%)
Once or twice	23.1	24.3	14.9	14.9	20.8	20.1
Three to six times	6.3	4.2	5.7	4.0	7.6	7.1
More than six times	10.4	8.4	7.8	7.0	12.2	10.4
Total ever	39.8	36.8	28.3	25.9	40.6	37.5

[a] The grade 7 version of this item asks "Ever been in a car with someone who was drinking and driving?" The grades 9-11 version asks "Ever driven a car when you were drinking?" or "Ever been in a car when a friend was drinking and driving?"

Figure 5 illustrates that current rates of drinking-driving involvement were slightly lower than those for the last (1993) survey. This is the first time there has not been a slight increase in rates since the question was first asked in 1989. Moreover, rates for drinking-driving involvement three or more times declined since 1993 from 13.5 to 11% among 9th graders and from 19.8 to 17.5% among 11th (declines of 22% and 13%, respectively). (See also Appendix Table A6.)

Figure 5
Involvement in Drinking and Driving During Lifetime, Grades 9 & 11, Since 1989



Because 7th graders are so far below the legal age for drinking or driving, they were asked only whether they had ever been in a car with "someone who was drinking and driving." This item is intended as a gauge of the extent to which youth are placed at risk by family members and other adults as well. These rates have been declining. Thirty-seven percent of 7th graders had at least one such experience in 1995, compared to 40% in 1993 and 45% in 1991.

Problems Caused by Use of Alcohol

Ninth and 11th graders were asked whether they had ever experienced any of a list of 11 problems as a result of drinking alcohol. This question was asked for the first time in the 1993 survey. Table 11 lists alcohol-associated problems for the total sample at grades 9 and 11, and compares them for grade 11, to heavy alcohol users (five drinks in a row at least once in the past two weeks) and to weekly or more-frequent users of alcohol over the past six months. The first measure reflects potential problems from those who drink regularly regardless of level of drinking. Recent heavy drinkers may or may not also be regular drinkers. A student who engaged in weekly drinking over the previous six months and who had five or more drinks on at least one occasion in the previous two weeks would be counted in both groups.

Total Sample

Almost one fourth of 9th graders and one third of 11th reported at least one problem. Most frequent were memory loss and unconsciousness, which are experiences associated with severe alcohol intoxication.

- *Number of problems.* 22% of 9th- and 31% of 11th-grade students indicated that they had experienced at least *one or more problems* associated with use of alcohol. Even higher percentages reported drinking but having *no problems* (41% and 44%, respectively).
- *Adverse effects.* The two most frequently cited problems were *forgetting what happened* (11% of 9th and 17% of 11th graders) and *passing out* (8% of 9th and 15% of 11th graders).
- *Related problems. Conflict with parents, conflict with other kids*, and *harm to school work* were the related problems that were most experienced, by about 5 to 7% of upper grade respondents.

The predominance of memory loss and passing out among reported problems, in part, reflects the salience of such events to those who experience them. It is likely that the other problems on the list are *underestimated*, however. The psychological denial so frequently associated with excessive drinking would suppress awareness that alcohol was directly associated with poor grades, getting into trouble, or having conflicts with parents and peers.

Table 11
Problems Ever Caused by Alcohol for Total Sample (Grades 9 & 11) vs. Heavy and Weekly Alcohol Users (Grade 11 Only)

	Grade 9		Grade 11					
	Total Sample		Total Sample		Heavy Users[a]		Weekly Users[b]	
Problem	1993 -94 (%)	1995 -96 (%)	1993 -94 (%)	1995 -96 (%)	1993 -94 (%)	1995 -96 (%)	1993-94 (%)	1995 -96 (%)
Get a traffic ticket	1.5	0.4	1.3	1.2	3.8	4.4	3.4	5.3
Get arrested	1.8	1.7	1.7	2.2	4.4	7.3	5.9	9.8
Have money problems	3.0	2.6	4.2	5.0	10.1	13.3	13.7	17.2
Get into school trouble	2.6	3.3	3.1	2.6	8.1	5.5	9.5	5.7
Hurt your school work	4.9	4.7	6.0	7.0	14.0	18.7	15.2	28.3
Fight with other kids	3.9	4.9	6.0	5.3	14.6	15.5	16.5	15.5
Fight with parents	4.8	5.9	6.6	7.4	12.2	18.7	17.4	24.4
Damage a friendship	4.7	4.5	5.6	4.6	9.7	10.1	10.9	10.7
Pass out	7.8	8.0	12.7	15.1	27.6	37.4	31.5	38.8
Forget what happened	10.2	10.9	15.7	16.7	33.8	37.8	37.9	46.7
Other[c]	—	7.3	—	8.0	—	14.8	—	16.4
Used alcohol but never had any problems	—	41.3	—	43.5	—	37.4	—	29.0
Total any problem	—	54.2	—	75.1	—	63.1	—	73.6

[a] Had five drinks in a row, past two weeks, at least once. [b] Once a week or more frequently.
[c] "Other" was added in 1995-96.

Weekly and Heavy Users (Grade 11)

For the heavy and weekly alcohol users in grade 11, the percentage of respondents reporting problems increased considerably over the total grade level cohort. Generally, weekly use was a stronger indicator of potential problems than recent heavy use, although the problem rates were similar on several options. Weekly-use problem rates were 2 to 4.5 times higher than for the total sample.

- *Any problems.* Three quarters (74%) of weekly drinkers and 63% of heavy drinkers had experienced one or more problems associated with their drinking. Although weekly users amounted to 26% of drinkers in 11th grade, they were more than twice as likely (2.4 times) to have experienced one or more problems than the total sample.

- *No problems.* Consistent with this, weekly drinkers were less likely to report never having any problems than heavy drinkers (29% vs. 37%). For weekly drinkers, the rate was 66% lower than the total sample.
- *Adverse effects.* Almost half (47%) of weekly drinkers and 38% of heavy had experienced *memory loss*; 37% and 39%, respectively, had *passed out* at least once.
- *School problems.* The most frequently reported problem was "hurt school work," cited by 28% of weekly drinkers (4 times the total rate) and 19% of heavy.
- *Fighting.* Almost one quarter (24%) of weekly and one fifth (19%) of heavy drinkers reported *conflict* with their parents, and 16% of both reported fighting with other kids. For weekly drinkers, these rates were about 3 times that of the total sample.

It is vital to note that the results for the total sample in Table 11 *include* responses of the heavy and weekly drinkers. In other words, these two overlapping groups undoubtedly account for most reported problems with alcohol. They represent a critically important risk category deserving of special attention in prevention and intervention programs.

Perceived Harm

Respondents were asked to rate how harmful it is to consume alcohol on a daily or almost daily basis. The five-point scale extended from *extremely harmful* to *harmless*. Ratings of harm associated with frequent alcohol use are given in Table 12.

- In grades 7 and 11, about one third of the respondents viewed daily alcohol use as extremely harmful (35% and 36%, respectively) — and even fewer 9th graders (28%).[16]

These are the lowest percentages in the history of the survey. Moreover, the harmless rates are now equivalent to the previous peak reported in 1985-86 (see Appendix Table A11).

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[16] More 11th than 9th graders may perceive alcohol use as harmful because many of the latter may become more heavily involved in drinking and have school problems that lead them to drop out of school before the 11th grade.

Table 12
Perceived Harm of Frequent[a] Use of Alcohol, by Grade

Harm Rating	1985-86 (%)	1987-88 (%)	1989-90 (%)	1991-92 (%)	1993-94 (%)	1995-96 (%)
Extremely Harmful						
Grade 7	37.9	40.9	46.7	49.6	57.7	35.3
Grade 9	33.5	36.6	41.1	43.5	54.3	28.4
Grade 11	44.0	42.2	48.0	49.5	63.1	36.4
Harmless[b]						
Grade 7	9.7	7.7	8.1	5.7	4.4	10.2
Grade 9	11.6	8.2	9.1	6.8	6.3	12.4
Grade 11	7.6	5.7	6.3	5.8	4.6	7.1

[a] Frequent means "Daily or Almost Daily." [b] Derived by combining the percentage of respondents who selected "Mainly Harmless" and "Harmless."

Perceived Availability

The high prevalence of drinking is fueled by the ready availability of alcohol to youth under the legal drinking age (see Table 13).

- The combined percentages of respondents who thought that it was either "easy" or "fairly easy" for kids in their grade level to get alcohol were 45% for 7th, 75% for 9th, and 83% for 11th graders.

Seventh graders were 4.5 times more likely to report that they did not know how available alcohol was than were 11th graders (33% vs. 7%). These findings are consistent with earlier surveys.

Table 13
Perceived Difficulty in Obtaining Alcohol, by Grade

	Grade 7			Grade 9			Grade 11		
Substance	1991-92 (%)	1993-94 (%)	1995-96 (%)	1991-92 (%)	1993-94 (%)	1995-96 (%)	1991-92 (%)	1993-94 (%)	1995-96 (%)
Very difficult	22.8	14.0	9.1	7.7	4.9	3.8	3.6	2.6	3.3
Fairly difficult	15.4	10.6	13.6	8.3	5.6	8.1	4.5	3.7	6.1
Fairly easy	21.8	19.4	20.8	29.8	30.6	34.2	30.7	32.2	35.3
Very easy	17.5	20.5	23.9	33.3	41.5	40.5	50.5	53.2	48.1
Don't know	22.5	35.5	32.6	20.9	17.4	13.5	10.7	8.3	7.2

III. Illicit Drug Use

This section presents information on other (illicit) drugs corresponding to that presented in the last section for alcohol. The major difference in results for the active-consent sample compared to 1993 was higher marijuana use reported by 9th and 11th graders. This continues an upward climb begun in 1991. In all grades, marijuana use is now the highest ever reported, at least half again as high as in 1989. Overall drug use and polydrug use, two behaviors influenced by marijuana-use rates, also rose.

- Marijuana use in the past six months was reported by only 11% of 7th graders, but by 43% of 11th graders. Weekly use was reported by 12% of 9th and 16% of 11th graders.
- About one in three of both 9th and 11th graders had currently used an illicit drug (past 30 days); about one quarter had used marijuana.
- 12% of 7th graders reported intoxication from an illicit drug by age 12.
- Illicit drug users were almost twice as likely to have reported attempting to stop than alcohol users.
- One or more use-related problems were experienced by 17% of 9th and 22% of 11th graders.

Among upper graders in the past two surveys, the proportion perceiving illicit drugs to be *very easy* to obtain has equaled (grade 9) or exceeded (grade 11) the rates for alcohol. Knowing one or more adults who used drugs regularly was reported by substantial proportions of respondents, over one half of 11th graders for marijuana (53%), and almost one quarter for cocaine and amphetamines (24% each).

Use Prevalence

Past Six Months

The use of twelve illicit drugs or classes of drugs and total drug use in the preceding 6 months are summarized in Table 14 and compared with the values for the first (1985) and most recent (1993) surveys.

Table 14
Marijuana and Other Drug Use, Past Six Months, Total and Weekly Use, by Grade

	Grade 7			Grade 9			Grade 11		
Substance	1985 -86 (%)	1993 -94 (%)	1995 -96 (%)	1985 -86 (%)	1993 -94 (%)	1995 -96 (%)	1985 -86 (%)	1993 -94 (%)	1995 -96 (%)
Any illicit drug	—	24.6	26.2	—	41.6	43.1	—	46.5	49.4
Marijuana	9.7	11.1	10.9	32.2	30.4	34.2	42.1	40.0	42.8
Drug not marijuana[a]	—	20.5	21.0	—	30.1	31.7	—	28.5	28.0
Amphetamines[b]	2.2	2.9	2.5	10.5	7.5	10.8	15.3	10.1	10.4
Cocaine	2.8	2.8	1.8	9.7	6.1	6.4	17.6	4.9	7.2
Inhalants	17.6	16.5	15.6	16.3	21.5	21.9	13.8	13.1	14.7
LSD	1.4	2.5	2.2	4.1	8.6	9.9	6.0	12.2	10.8
Psychedelics[c]	1.2	1.1	1.0	2.0	3.1	3.7	2.5	4.3	6.2
Tranquilizers	2.7	2.4	2.0	7.2	6.3	6.7	8.1	7.0	5.3
PCP	1.5	3.5	3.5	3.1	5.4	6.1	3.1	3.7	4.1
Heroin	1.1	1.8	1.6	1.1	2.4	2.9	1.2	1.4	2.2
Other narcotics	1.9	2.9	3.1	5.8	6.6	7.6	9.4	7.8	7.7
Weekly Use[d]									
Marijuana	0.9	2.0	1.9	9.3	9.9	12.3	13.4	14.5	16.5
Inhalants	—	1.6	1.4	—	1.9	1.3	—	1.1	0.5
Amphetamines	—	0.4	0.3	—	1.4	0.9	—	2.1	2.0
Cocaine	—	0.2	0.4	—	0.3	0.5	—	0.5	1.1

[a] Any illicit drug other than marijuana. [b] Includes methamphetamines. [c] Other than LSD.
[d] At least once a week.

- *Any illicit drug use.* Overall use of any illicit drug in the past six months was reported by one fourth of 7th graders (26%), over four-in-ten 9th graders (43%), and almost half (49%) of 11th.
- *Marijuana.* Use of marijuana in the preceding six months was reported by 11% of 7th, 34% of 9th, and 43% of 11th graders. The percentages using marijuana only were 5% in 7th grade, 11% in 9th, and 21% in 11th grade. Thus, marijuana is the illicit drug most reported used, except in grade 7 when relatively high rates of inhalant use occur.
- *Drugs other than marijuana.* Use of an illicit drug other than marijuana was reported by 21 to 32% of the samples, depending on grade. In the 7th grade, this is primarily accounted for by inhalants; by the 11th grade, a more diverse panoply of drugs is

used. In no grade level did even half of the respondents who used drugs restrict their use to marijuana.

- *Stimulants.* Use of stimulants (amphetamines and cocaine) was much less frequent than marijuana use. Two percent of 7th, 11% of 9th, and 10% of 11th graders reported amphetamine use.[17] Use of cocaine (including crack) was lower, at 2% of 7th-, 6% of 9th-, and 7% of 11th-grade students.
- *Inhalants.* As in the past, the broad class of inhaled substances (e.g., sniffing glue, paint, butane, gasoline, amyl nitrate, rush, poppers, laughing gas) was second to marijuana in usage among 9th and 11th graders, and the most frequently used in grade 7. This is the only class of substances for which use is higher in grades 7 (16%) and 9 (22%) than in grade 11 (15%).
- *Psychedelics, depressants, and other drugs.* Other substances used by 5% or more of 11th-grade students included LSD (11%), hashish (9%), "other" drugs (8%), other psychedelics (6%), and tranquilizers (not prescribed) (5%). Ninth graders reported similar rates for LSD, tranquilizers, and "other" drugs. In addition, 6% used PCP.

These results should make us pause. Given the high overall frequency of illicit drug use, substantial proportions of secondary school students, even in grade 7, must be aware that use of illicit substances is quite common among their peers. Drug use among young people is a socially mediated phenomenon. That is, choices are heavily determined by what other kids, especially older kids, are perceived to be doing. Given the likelihood that there is at least some degree of under-reporting of substance use even in anonymous surveys, the majority of younger secondary school students probably believed that most of their peers in the upper grades had tried marijuana.

Ten-Year Trends

The major difference in results for the active-consent sample compared to 1993 was higher marijuana use reported by 9th and 11th graders, and correspondingly higher rates for any illicit drug use. This continues an upward climb begun in 1991. In all three grades, marijuana use now is the highest ever reported in the CSS. (See Appendix A, Tables A1-A3.)

Upper Grades. Trends in the use of the most common drugs among 9th and 11th graders are illustrated in Figures 6 and 7 (percentages are provided in Appendix A). The trends for each individual drug for all grades are remarkably similar in pattern. This probably reflects that 9th and 11th graders attended the same schools and thus experienced similar environments. The major change between 1993 and 1995 was the rise in marijuana use. Other changes were small, inconsistent, and difficult to interpret, often rising slightly in one grade and declining in another. For example, amphetamine use rose in 9th grade but not 11th; cocaine and inhalant use were stable in 9th, but rose in 11th grade.

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[17] This is the first time that 9th graders reported as much use of amphetamines as 11th graders.

- *Marijuana*. Despite the possible discontinuity between the current and earlier survey samples, it seems very unlikely that use of marijuana has declined among California secondary school students. Dips in use between 1985 and 1989 for grades 9 and 11 were obliterated in 1993. Rates were again higher in 1995, although the rate of increase was not as great as in 1993. Marijuana was the only drug which increased over two percentage points in both grades. Current rates exceed the previous peaks of 1985, and are at least half again as high as reported in 1989.
- *Stimulant use*. The long-term decline in cocaine use observed between 1985 and 1993 flattened out in 1995 in 9th grade and even increased slightly in 11th grade. Use of amphetamines rose between 1991 and 1993 to exceed cocaine. Although there has been a pronounced rise in popularity of methamphetamine (speed) among adults, there is little current evidence for a surge in adolescent methamphetamine use. Among 9th graders, there has been a three-fold increase in amphetamine use since 1991 (from 3% to 11%), but among 11th graders it has increased only from 7% to 10%, and there was no change between 1993 and 1995. Moreover, in both grades these rates are still lower than in 1985 (10% and 18%, respectively).
- *LSD*. LSD use increased among the upper grades between 1989 and 1993, to the highest rates ever recorded. It appears to have changed little in 1995, rising very slightly among 9th and declining slightly in 11th. Current rates are three times higher than those of 1989 in grade 9 and twice as high in grade 11.
- *Inhalants*. Similarly, the rise in inhalant use recorded between 1989-1993 flattened out among 9th graders, and rose only slightly among 11th (from 13 to 15%). Still, current rates are the highest recorded, having doubled since 1989 in grade 9 and almost doubling in 11th.
- *Depressants*. Tranquilizer use has been reported from 4 to 7% of upper graders since the survey began, with current rates equivalent to the previous peaks in 1985 in 9th grade but lower in 11th. Use of barbiturates and sedatives have only varied from 1 to 3% across years and grades. Heroin use, which has always been about 1%, rose in 1995 to 3% in grade 9, and 2% in grade 11.
- *PCP*. Use of PCP has been reported consistently by about 3% to 4% of upper graders, except for a rise among 9th from 3% in 1991 to 6% currently.

Figure 6

Trends in Drug Use, Past Six Months, by 9th Graders, since 1985

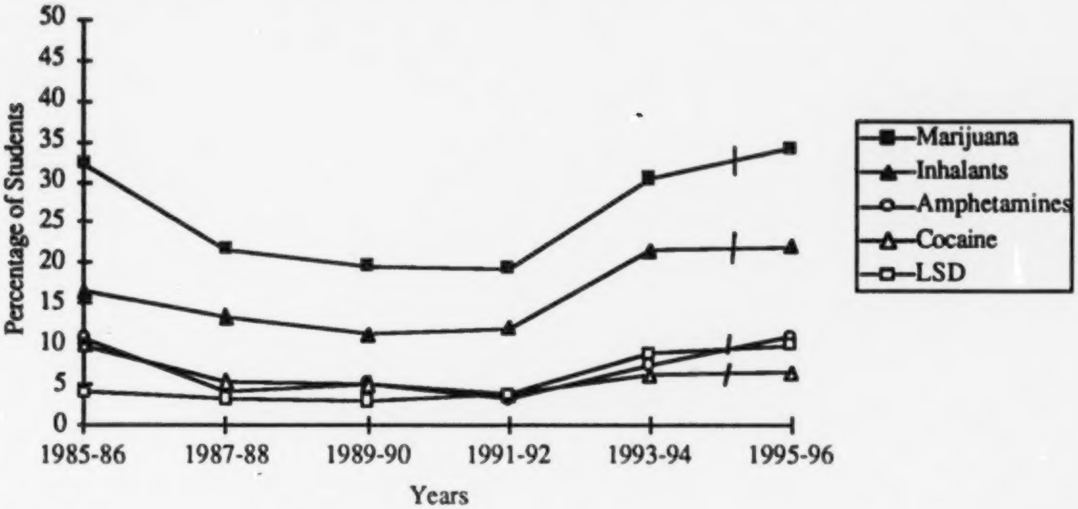
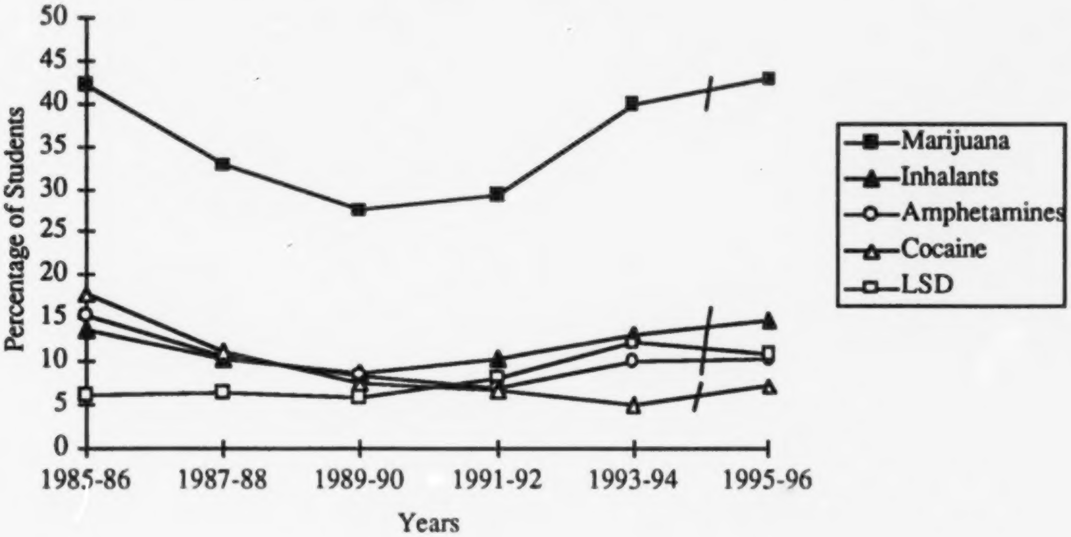


Figure 7

Trends in Drug Use, Past Six Months, by 11th Graders, since 1985



7th Graders. There is no evidence for significant changes for any category of drug use among 7th graders between 1993 and 1995. Six-month rates since 1985 have been much more stable than among upper graders. However, they show similar (if less pronounced) changes for the only drugs used — marijuana and inhalants — by over 3%. Use declined slightly between 1985 and 1989, then began to increase. For both drugs, there was little change between 1993 and 1995. Whether the stability in rates between 1993 and 1995 portends an end to the previous increases remains to be seen. However, 1995 inhalant and marijuana rates were 50% higher than in 1989 (10% and 7%, respectively), although still lower than in 1985 (18% and 10%, respectively).

Current (30-Day) Use

Rates on use of drugs other than alcohol, in the last 30 days before the survey, are provided in Table 15 for 1993 and 1995.

- *Any drug use.* Total illicit drug use in the previous 30 days registered 13% for 7th graders, 29% for 9th, and 31% for 11th.
- *Marijuana and inhalants.* Consistent with the results for the past six months, marijuana by far accounted for most drug use in grades 9 and 11 (24% and 26%, respectively). Among 7th graders, inhalants and marijuana were used by about the same proportion of the sample (7 and 6%). However, the highest rates of inhalant use were reported by 9th graders (10%).
- *Other drugs.* Very little difference exists between the rates of cocaine and amphetamine use for 9th and 11th graders (3% to 4.5%). The rates for psychedelics were 4% and 6%, respectively.

In grade 7, current use of any illicit drug use is about half that for the previous six months. In grades 9 and 11, it is closer to two thirds, reflecting that use becomes more frequent as youth mature. These relationships are explained primarily by the fact that marijuana was used more regularly than other drugs, as reflected in the following findings.

- Regardless of grade level, about two thirds as many respondents used marijuana in the preceding 30 days as had used it in the preceding six months.
- Thirty-day rates for other drugs were generally half or less than those for use in the last six months.

There was no discernible pattern of difference between the 1993 and 1995 results for grades 9 and 11. Overall, rates remained the same or decreased slightly in 1995. Seventh graders reported less use overall, as well as for each of the six substances or classes of substances assessed.[18]

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[18] Given that six-month use of any illicit drug and marijuana tended to be higher in 1995 than 1993, this is somewhat surprising. It may be related to a format change that occurred in the 30-day prevalence item. In 1993, "Yes" was the first response option on this item and "No" was second. This was reversed in 1995 because all other items tended to have a "No" response option first, which could have resulted in confusion in 1993. That is, respondents used to marking "No" first may have automatically checked the first option, not aware that it was "Yes." This might have resulted in inflated rates for the past survey.

Table 15
Current (Last 30 Days) Use of Marijuana & Other Drugs, by Grade

	Grade 7		Grade 9		Grade 11	
Drug	1993 -94 (%)	1995-96 (%)	1993-94 (%)	1995-96 (%)	1993-94 (%)	1995-96 (%)
Marijuana	11.1	6.2	22.7	23.6	25.6	25.9
Inhalants	13.5	7.3	13.6	10.4	7.4	6.8
Cocaine/crack	6.0	0.9	5.5	2.6	3.2	3.6
Amphetamines	6.1	0.7	6.4	3.2	5.8	4.5
Psychedelics	5.7	0.6	6.2	3.8	4.9	6.0
Other drugs	9.6	3.4	10.9	7.9	9.9	7.0
Any drug use	19.9	13.3	30.5	29.4	32.2	30.8

Lifetime (Ever) Use

Lifetime-use rates (i.e., any use at some time in their lives) for drugs other than alcohol are summarized in Table 16 for the present and past surveys. As would be expected, lifetime rates were higher than six-month.

- *Any drug use.* Rates for at least one illicit drug rose from 26% of 7th graders to 46% of 9th and 55% of 11th. In other words, a near-majority of the students in grade 9 and a majority in grade 11.
- *Marijuana.* Lifetime use of marijuana was reported by 11% of 7th-grade students, 35% of 9th, and 47% of 11th. These rates are very close to the six-months rates and do not differ in any systematic way from those of 1993.
- *Inhalants.* Inhalants were again the most popular drugs among 7th graders (18%), and second most popular among upper graders. Rates were highest for 9th graders (27% vs. 23% for 11th). This indicates that inhalant use is a problem in the early years of high school. However, as with six-month rates, it was in 11th grade that an increase in use since 1993 occurred, suggesting that the behavior is becoming more common among older students.
- *Other drugs.* Lifetime use of the other drugs in Table 15 (cocaine/crack, amphetamines, psychedelics, and other) showed little variation within or even between grade levels. Rates for the four types of substances varied between 10% and 15% in grade 11, 7% and 14% in grade 9, and 2% to 7% in grade 7.
- *Crack cocaine.* Crack cocaine accounts for most of the cocaine use (at 6% among upper graders). On this item, we also asked respondents about their frequency of use; most respondents used it only once or twice (5%).

These results underscore the normative perceptions students are likely to have as to the acceptability of drug use among their peers, especially older peers. That over half (55%) of 11th graders had tried an illicit drug at some time in their lives means that drug experimentation, if only once or a few times, has become "normal" in a purely statistical sense.

Table 16
Lifetime Use of Marijuana & Other Drugs, by Grade

	Grade 7		Grade 9		Grade 11	
Drug	1993-94 (%)	1995-96 (%)	1993-94 (%)	1995-96 (%)	1993-94 (%)	1995-96 (%)
Marijuana	15.6	10.9	34.7	35.0	44.2	46.9
Inhalants	22.4	18.2	27.8	26.7	18.9	22.6
Cocaine/crack	7.2	2.2	9.5	7.0	8.4	10.1
Amphetamines	7.9	1.9	10.5	9.7	13.3	13.5
Psychedelics	7.1	2.0	10.6	8.4	13.3	13.6
Other drugs	12.7	6.5	17.8	14.0	18.0	14.6
Any drug use	30.6	25.9	46.3	46.3	52.7	54.8

The data on age of first use confirm that by the 11th grade, the majority of students have tried an illicit drug (Table 17).

- By the modal age of each grade, 17% of 7th graders, 42% of 9th, and 51% of 11th had tried an illicit drug.

As Figure 9 also illustrates, variations in these lifetime rates since 1985 have generally paralleled those for six-month marijuana use: declining between 1985 and 1989, leveling off in 1991, and then rising through 1995, to levels higher than previous peaks in 1985 in grades 7 and 9, and the same rate in grade 11.

Table 17
Any Use of an Illicit Drug at Least Once, by Age & Grade Level

Grade and Age	1985-86 (%)	1987-88 (%)	1989-90 (%)	1991-92 (%)	1993-94 (%)	1995-96 (%)
7th graders by age 12	10.7	9.0	8.0	9.8	16.1	17.0
9th graders by age 14	35.7	23.4	21.8	21.7	35.7	40.7
11th graders by age 16	51.4	42.4	35.3	35.2	46.6	51.5

Heavy Use

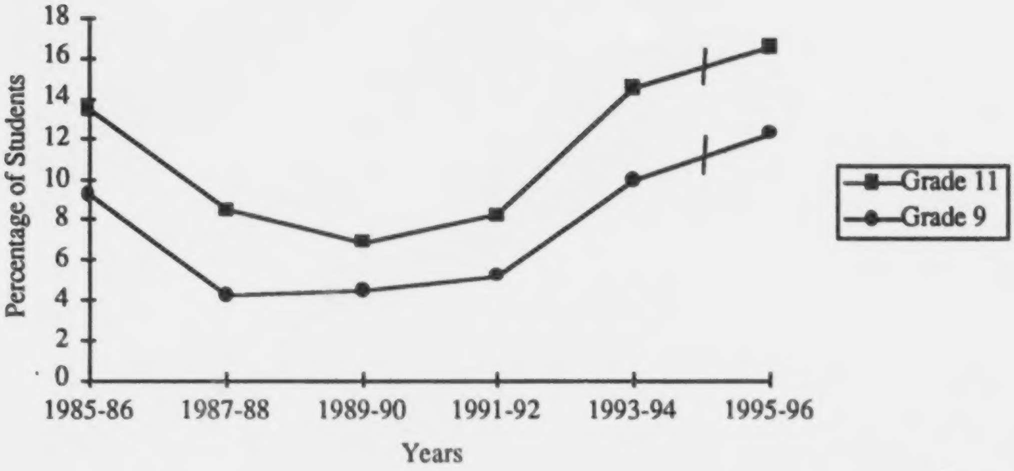
Weekly Use

Table 14 (page 32) provides the rates of weekly use in the past six months for marijuana, inhalants, cocaine, and amphetamines. Since the survey began in 1985, by far the most popular drug among weekly users has been marijuana, the only drug used by more than 2% in all these grades. Indeed, current rates even exceed those for beer in grade 9 and are almost the same in 11th.

- As consistently found in the past, in grade 7 weekly use of any substance was rare, with the highest rates for marijuana (1.9%) and inhalants (1.4%), as would be expected.
- Weekly marijuana use rose to 12% in 9th grade and 17% in 11th.
- The rates for marijuana are the same as reported for beer in grade 7 and 11 and higher in grade 9. Moreover, 39% of marijuana users in 9th and 11th grades were weekly users, compared to 23% and 27% of beer users. In contrast, weekly beer rates substantially exceeded marijuana between 1985 and 1991.

As was the case with alcohol, trends in weekly marijuana use have paralleled those for overall prevalence (Figure 8). While there have been fluctuations over the years, current rates are about the same as in 1985 and 1993 in grade 9, but slightly higher in grade 11 (16.5% currently vs. 14.5% in 1993 and 13% in 1985). Despite any effects on the sample from active consent, the picture looks quite similar.

Figure 8
Weekly Use of Marijuana, Grades 9 & 11, 1985 to 1995



Lifetime Intoxication

Table 18 shows that the great majority of youth in each grade who had ever tried an illicit drug had become intoxicated at least once (see also Figure 9).

- Twelve percent of 7th-, 34% of 9th-, and 46% of 11th-grade students had been intoxicated on an illicit drug by the modal age for their grade.
- This represented 71%, 83%, and 88%, respectively, of the rates for ever trying an illicit drug in Table 17.

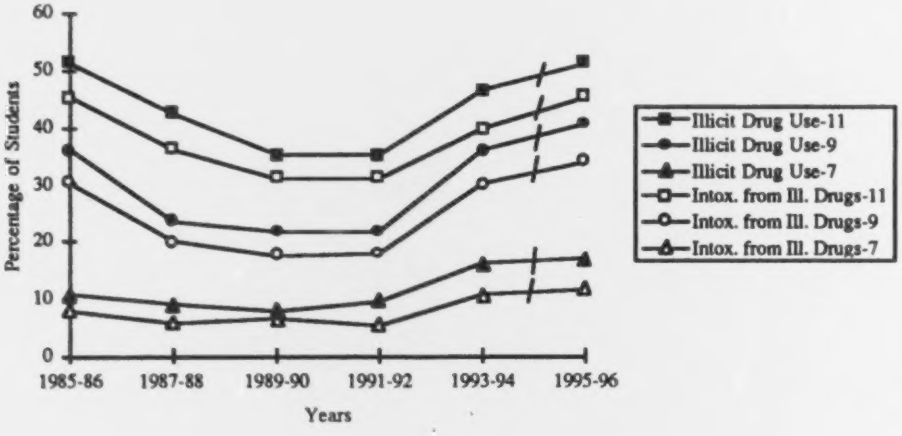
This is a considerably higher proportion than found for alcohol intoxication. Trying an illicit drug is associated with intoxication, much more than is the case for alcohol. As Figure 9 illustrates, this close relationship between any drug use and intoxication has been consistently found since 1985, with variations in the rates for both measures occurring in parallel (see also Appendix Table A5).

Table 18
Any Intoxication from Illicit Drugs, at Least Once, by Age & Grade Level

Grade and Age	1985-86 (%)	1987-88 (%)	1989-90 (%)	1991-92 (%)	1993-94 (%)	1995-96 (%)
7th graders by age 12	8.0	6.0	6.7	5.5	10.7	11.8
9th graders by age 14	30.3	19.9	17.5	17.8	29.9	34.3
11th graders by age 16	45.1	36.1	31.0	31.1	39.6	45.6

As Figure 9 illustrates, percentages who had ever been intoxicated have been steadily rising since 1991. They are now the highest ever reported in grades 7 and 9, and equivalent to the previous peak of 1985 in grade 11. Again, these trends closely parallel those for lifetime marijuana use and any illicit drug use. They have fluctuated much more widely than has been the case for alcohol intoxication.

Figure 9
Any Illicit Drug Use and Intoxication from Illicit Drug Use, by Grade Level



Cessation Attempts

The cessation-attempt rate by illicit drug users was almost twice that reported by alcohol users in the same grades.

- Almost one third of 9th- and 11th-grade students who had used drugs had attempted to stop (Table 19) vs. 18 to 19% for alcohol (Table 8).

This finding is a familiar one. The survey has consistently shown that higher proportions of students who use illicit drugs try to stop using than do alcohol users. Results are similar to those for alcohol, however, in showing little difference from 1993 or between 9th and 11th graders.

Table 19
Attempts To Stop Using Marijuana and Other Drugs, Grades 9 & 11, Users Only

	Grade 9		Grade 11	
Frequency	1993 (%)	1995 (%)	1993 (%)	1995 (%)
None, but do use	58.8	60.3	55.9	60.6
Total any attempt	29.9	31.7	36.2	32.5
Once	17.9	20.2	21.7	19.4
Two or three times	7.8	8.2	11.6	9.8
Four or more times	4.2	3.3	2.9	3.3
Don't know	11.6	8.1	7.9	6.9

Discontinuation. It is important to recognize that not all who try a drug will continue the practice; not all experimenters are current users. Comparing the lifetime and current rates in Tables 15 and 16 provides an indication of the "discontinuation" rate. The following are consistent with the 1993 findings:

- Discontinuation ranged from 45% among marijuana users to 70% for inhalants.
- Current use was not reported by about two-thirds of 11th graders who ever tried stimulants (64.4% for cocaine; 66.7% for amphetamines), and over half for psychedelics (55.9%).

Problems Caused by Use of Drugs

In Table 20, problems associated with use of marijuana and other drugs are reported for the total samples in grades 9 and 11, and for weekly marijuana users in grade 11. Respondents were given the same list as asked for alcohol (Table 11), except that *had a bad trip* replaced *passing out* and *forgetting what happened*. There were both similarities and differences in the problems experienced from alcohol.

Total Sample

Compared to alcohol, the rates for drugs were lower for both experiencing any problem and, especially, for using but having no problems. Specific problems reported were similar in that adverse pharmacological effects, hurting school work, and fighting with parents were the top three problems for both drug types. Money problems, however, were a relatively greater problem associated with illicit drug use, probably because of the greater cost of drugs.

- *One or more problems* associated with drug use were experienced by 17% of 9th- and 22% of 11th-grade students. About the same percentages indicated that they used drugs, but had *no problems* (17% and 24%, respectively). In comparison, rates for alcohol were 41% and 44%, respectively (see Table 11).
- The three most frequently cited problems, at about the same rates, were *have a bad trip* (6.5% of 9th, and 9% of 11th), *hurting school work* (5% and 10%, respectively) and *fight with your parents*, (5% and 6%).
- *Money problems* associated with using drugs was reported by 4% of 9th and 8% of 11th graders.
- All other problems were reported by under 4%, with the lowest for *getting a traffic ticket* and *getting arrested*.

The lower problem rates for drugs than alcohol reflects that a higher proportion of students drink. However, the rate for using but *not* having problems was also lower for drugs than for alcohol. This is probably because a higher proportion of drug users reported heavy involvement.

Weekly Marijuana Users (Grade 11)

As was the case for alcohol problems, weekly users appear to account for most of the problems cited. Among 11th graders, drug-related problem rates were from 2.8 to 4.0 times higher among weekly marijuana users than among the total sample.

- *One or more problems* associated with drug use had been experienced by 67% of weekly marijuana users. This was three times the rate reported by the total sample. Only about one third (35%) reported using but having *no problems*.
- One quarter to one third reported problems with *money* (31%), *school work* (30%), and having a *bad trip* (25%).
- Almost one fifth reported use-related *fighting with parents* (18%), and about one in ten reported *trouble at school* (12%), *damaging friendships* (11%) and *fighting with other kids* (10%).
- *Getting a traffic ticket* and *getting arrested* were still the least cited problems.

For several categories, these rates were noticeably higher than reported in 1993, as much as by half (e.g., having money problems, hurting school work, and getting into trouble at school, fighting with parents, and damaging a friendship). However, the pattern was the same in that hurting school work, money problems, and fighting with parents were the three most common problems, in descending order.

Compared to problems associated with weekly alcohol use (Table 11), weekly marijuana users were slightly *less likely* to report at least one problem (67% vs. 74%). However, they were 1.2 times *more likely* to report having no problems. In fact, weekly marijuana users were more likely to report using but never having had any problems than the total sample (35% vs. 24%), whereas weekly alcohol users were less likely (29% vs. 44%).

Regarding specific problems, hurting school work was the most common for both weekly marijuana and alcohol users. Regular alcohol use appears more associated with fighting and driving-related problems, and marijuana with arrests and money problems.

- Weekly marijuana users were 2.4 times *less likely* to report getting a drug-related *traffic ticket* and about 6.5 times less likely to *fight with kids and parents* than weekly alcohol users.
- In contrast, weekly marijuana users were 1.5 times *more likely* to report getting *arrested*, twice as likely to get into trouble in school, and 1.8 times as likely to have money problems. These are all problems that can be related to the illegal status of drug use and sales, and their greater cost compared to alcohol.
- Both weekly marijuana and alcohol users were similar in reporting the most common problem as *hurting school work*, at roughly the same percentages (30% and 28%).

Table 20
Problems Ever Caused by Marijuana or Other Drug Use, Grades 9 & 11

	Grade 9		Grade 11			
	Total Sample		Total Sample		Weekly Marijuana Users[a]	
Problem	1993-94 (%)	1995-96 (%)	1993-94 (%)	1995-96 (%)	1993-94 (%)	1995-96 (%)
Get a traffic ticket	1.5	0.5	0.9	0.8	2.9	2.2
Have a car accident	1.1	—	1.1	—	4.2	—
Get arrested	1.3	1.5	1.4	1.9	5.9	6.7
Have money problems	3.6	4.0	5.0	7.5	19.1	30.5
Get into trouble at school	2.7	2.9	2.8	3.7	8.3	12.1
Hurt your school work	4.0	5.4	6.0	10.0	21.8	30.0
Fight with other kids	2.1	3.8	3.4	3.0	10.6	10.4
Fight with your parents	3.0	5.3	4.5	6.4	12.6	18.1
Damage a friendship	2.7	3.0	3.8	3.9	8.2	11.0
Had a "bad trip"	6.4	6.5	8.6	8.9	25.1	25.2
Other[b]	—	5.5	—	5.9	—	19.5
Used drugs but never had any problems	—	16.8	—	23.6	—	34.9
Total Any Problem	14.7	16.8	17.2	21.8	52.6	66.7

[a]Once a week or more frequently. [b]"Other" was added in 1995-96.

Perceived Harm

Respondents were asked to rate how harmful it is to use an illicit drug on a daily or almost daily basis. Although perceptions of extreme harmfulness were much higher in all grades than reported for alcohol (see Table 12), there was a 19% decline in the rate between 7th and 11th grade.

- Eighty-one percent of 7th-, 64% of 9th-, and 66% of 11th-grade students rated daily use of illicit drugs as extremely harmful.

Unfortunately, due to an editing error on this item, we do not have comparable data from previous surveys to determine how perceived harm may have changed. The item used in the past referred only to marijuana. The item in 1995 asked more broadly about "other drugs" besides alcohol, with examples of "marijuana, cocaine, etc." Since cocaine is generally regarded as a more dangerous drug than marijuana, the ratings of "extremely harmful" would be expected to increase, as did occur, for the current survey.

Availability

Illicit drugs are perceived as readily available (see Table 21). Eleventh graders believed them to be as easy to obtain as alcohol.

- Two thirds of 9th and 82% of 11th graders reported that marijuana or other drugs were either "very easy" or "fairly easy" to obtain.
- Only 23% and 15%, respectively, indicated that they did not know how difficult it was.
- 11th graders rated drugs about as easy to obtain as alcohol; the 9th-grade drug rate was about one quarter lower (see Table 13).

These percentages are similar to those reported in 1993. Among both upper grades in the past two surveys, the proportions perceiving illicit drugs to be very easy to obtain has equaled (9th) or exceeded (11th) those for alcohol. In 1987, the only previous year for which this item was asked, the rate for "very easy" was much lower than currently (39% vs. 54% for grade 11) and higher for "don't know."

Table 21
Perceived Difficulty in Obtaining Marijuana & Other Drugs, by Grade

	Grade 7			Grade 9			Grade 11		
Degree of Difficulty	1987 -88[a] (%)	1993 -94 (%)	1995 -96 (%)	1987 -88[a] (%)	1993 -94 (%)	1995 -96 (%)	1991 -92[a] (%)	1993 -94 (%)	1995 -96 (%)
Very difficult	—	20.3	15.6	4.4	4.0	4.1	2.4	2.4	2.7
Fairly difficult	—	11.6	12.3	11.2	6.5	7.3	5.2	2.7	3.1
Fairly easy	—	14.4	13.4	31.1	23.9	26.2	32.7	24.2	24.7
Very easy	—	14.7	14.9	25.9	42.0	39.7	39.0	55.9	54.4
Don't know	—	39.0	43.8	27.4	23.5	22.7	20.7	14.8	15.1

[a] Only previous year asked. Among 7th graders, this item was not asked until 1993.

Where Students Get Drugs

Students in all three grade levels were asked their perceptions of where students obtained drugs (Table 22). From a list of seven options, they were instructed to choose as many alternatives as applied. Consistent with the rise in use and perceived availability that occurs with age, older students had greater knowledge of sources of drugs than younger.

- Half (51%) of 7th graders indicated that they did *not* know where students obtain drugs, compared to only 22% of 11th graders. That is, by grade 11 almost 80% thought they knew how and where drugs could be obtained.

For 11th graders, the specific sources fell into three response tiers:

- *Friends* (58%), *school (friends)* (56%), and *parties and social events* (52%) were, as in the past, the most frequently selected alternatives.
- *Dealers* were cited by only about one third of the respondents (35%).
- *Parent/siblings* and *other family* were cited least frequently (17% and 15%, respectively). They are thus not perceived as significant sources of drugs.

Obtaining drugs is a facet of adolescent social interchange. While dealers obviously enter the picture at least one step removed, friends at school, at parties, or in other situations are the main providers. In addressing drug use among adolescents, it is important to recognize that use and distribution has for many years been integrated into adolescent culture. In this sense it is self-maintaining rather than something imposed from outside. Resistance to drug use prevention and intervention efforts is more understandable in this light.

Table 22
Perceptions of Where Most Student Drug Users Get Drugs, by Grade

	Grade 7			Grade 9			Grade 11		
Source	1991-92 (%)	1993-94 (%)	1995-96 (%)	1991-92 (%)	1993-94 (%)	1995-96 (%)	1991-92 (%)	1993-94 (%)	1995-96 (%)
Parents/siblings	14.3	9.1	11.5	11.5	14.8	16.0	13.1	17.8	17.3
Other family	7.6	6.4	7.0	7.4	12.3	12.0	11.6	15.1	15.3
School (friends)	22.4	24.1	22.3	35.4	49.5	48.4	44.0	52.4	56.0
Parties/social events	31.8	24.4	22.8	41.4	43.4	42.9	53.4	52.8	52.2
Friends[a]	28.7	25.9	27.1	41.4	42.2	47.6	54.5	54.2	58.2
Dealers[b]	21.2	14.0	13.3	27.9	24.6	28.5	38.8	30.4	35.3
Don't know	48.5	47.6	51.5	39.0	29.5	27.2	30.5	26.3	21.5

[a] Outside school or parties. [b] In community.

In all grades, some fluctuation in response values have occurred yearly, but the three-tiered response patterns have been consistent (Appendix Table A10). In the upper grades, the only meaningful trend has been in regard to "don't know;" there was relative stability between 1987 and 1991, but a decrease since from 39% to 27% currently in grade 9, and from 31% to 21% in grade 11. This parallels the decline in the proportion of upper graders who responded "don't know" regarding availability.

Involvement in Drug Sales

As part of the larger list of problem behaviors (Table 20), students in grades 9 and 11 were asked whether they had been involved in selling drugs in the past year. Results in Table 23 reveal that a substantial minority have sold drugs. This is consistent with the previously observed finding that friends are the major source for drugs.

- Among the total sample, 16% of 9th and 20.5% of 11th graders had sold drugs one or more times.
- Among drug users, the percentages for any sales rose, not surprisingly, to about 36% of 9th and 38% of 11th graders.
- About half of these 11th-grade sellers had sold drugs three or more times (10% of the total sample; 20% of users).

Table 23
Involvement in Drug Sales, Past Year, Total Sample & Drug Users, Grades 9 & 11

	Grade 9			Grade 11		
Frequency	1991-92[a] (%)	1993-94 (%)	1995-96 (%)	1991-92[a] (%)	1993-94 (%)	1995-96 (%)
Total Sample						
Once or twice	3.1	7.6	9.7	5.6	10.0	10.2
Three or more times	3.1	6.3	6.4	5.1	7.7	10.3
Total	6.2	13.9	16.1	10.7	17.7	20.5
Drug Users						
Once or twice	—	16.2	21.3	—	19.8	18.2
Three or more times	—	14.9	15.2	—	16.1	19.6
Total	—	31.1	36.5	—	35.9	37.8

[a] First year asked.

What does it mean that one fifth of 11th graders had sold drugs at least once? The actual numbers are substantial: 386 respondents out of the total sample of 1,929 students. However, much of this involvement may be informal, in the sense of small-scale sharing with reimbursement among peers, rather than large-scale dealing.

Use by Adults

Respondents were asked how many adults they knew who used marijuana/hashish, cocaine/crack, or amphetamines/methamphetamines on a *regular* basis (about once a week). The response scale varied from *none* to *all*. These results for knowing any adult appear in Table 24. This question has been asked since the first survey on the assumption that adult models (probably including older siblings) play some role in giving drug use an appearance of legitimacy among adolescents. If so, the level of teenage familiarity with drug use among adults that the survey reveals should give us pause.

- Over half (53%) of 11th and 43% of 9th graders knew one or more adults who used marijuana, not just occasionally, but *regularly*.
- For the stimulants, cocaine and amphetamines, rates were almost identical, and about half those for marijuana. About one quarter of 11th graders and one fifth of 9th knew at least one regular adult user.

Table 24
Knowledge of Regular Drug Use by Adults, Grades 9 & 11

	Grade 9			Grade 11		
Substance	1991 -92 (%)	1993 -94 (%)	1995 -96 (%)	1991 -92 (%)	1993 -94 (%)	1995 -96 (%)
Marijuana/hashish	31.7	42.5	43.4	39.5	48.7	52.9
Cocaine or crack	15.7	23.1	21.4	19.2	21.2	24.2
Amp/methamphetamine	10.9	19.5	20.2	13.5	21.6	24.4

These current rates are almost equivalent to 1993 among 9th graders and only slightly higher among 11th. However, the rates for both years were higher than in 1991, when adolescent drug use began to rise.[19] That so many students knew adults who used these illicit drugs regularly highlights another aspect of the cultural context supporting drug use among adolescents. What many adolescents hear in school prevention may be discordant with personal perceptions of adult behavior outside the school. (See Appendix Table A9.)

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[19] Between 1985 and 1989, respondents were asked more simply about knowledge of adults who used without the qualification of "regularly," which was added in 1991. This change produced a drop in the response rates in 1991 of about nine percentage points in the upper grades. Thus the results after 1991 are not directly comparable to those in prior surveys. But trends before and after are still suggestive: between 1989 and 1991 rates for knowing an adult user steadily declined; after 1991, they steadily increased.

IV. Level of Involvement

The two previous sections provided results specifically for alcohol and illicit drugs. In this section, we focus on the level of involvement in AOD use in general, including the two extremes of overall abstinence and of heavy or risky use. While any AOD use implies risk, especially among children and adolescents, certain patterns and frequencies are greater danger signs. Results are reviewed here for polydrug use, attending school "high," and two summary measures or indexes of heavy use: High Risk Drug Use and Excessive Alcohol Use. Finally, respondents' perceived need for AOD-related counseling or treatment will be reported.

Total AOD Use and Abstinence

Table 25 provides comparative information about AOD use in the past six months. Although percentages for total alcohol and illicit drug use were reported earlier (Tables 5 and 14), they are included again here for purpose of comparison. It is worth repeating that half of 7th, two thirds of 9th, and three quarters of 11th graders used alcohol in the preceding six months. In comparison, a little over a quarter of 7th, more than four-out-of-ten 9th, and half of 11th graders used an illicit drug. To what extent did alcohol and illicit drug users overlap, and how did the percentages of abstainers (no AOD use) and users compare?

- Depending on grade, 27% to 29% restricted their substance use to alcohol (no illicit drugs). The proportion has declined in recent surveys; among 11th graders, the rate in 1991 was 41%.
- The percentage of students abstaining from both alcohol and illicit drug use in the past six months was 44% for 7th grade, 30% for 9th, and 23% for 11th.
- Conversely, some recent AOD use was reported by a majority in all grades: from 55.5% of 7th graders to 77% of 11th.

Comparing these results with previous surveys under passive consent procedures reveals no systematic differences beyond those already apparent in use rates for specific substances. As illustrated in Figure 12 below, six-month abstinence rates since 1987 (the first year calculated) have been relatively stable. Among 9th graders they have ranged only between 27% and 30%, except for a high of 36% in 1989, the year in which rates for specific drugs were at their lowest. Among 11th graders, the range has been 20% to 24%.

Table 25
Substance Use, Past Six Months, Grades 7, 9 & 11

Substance	Grade 7 1991-92 (%)	Grade 7 1993-94 (%)	Grade 7 1995-96 (%)	Grade 9 1991-92 (%)	Grade 9 1993-94 (%)	Grade 9 1995-96 (%)	Grade 11 1991-92 (%)	Grade 11 1993-94 (%)	Grade 11 1995-96 (%)
Any AOD use	55.7	56.4	55.5	70.2	71.3	70.4	78.2	76.8	77.1
Any Alcohol	53.2	53.1	50.3	67.4	68.6	67.2	76.5	74.3	75.3
Any illicit drug	20.2	24.6	26.2	29.3	41.6	43.1	37.7	46.5	49.4
No AOD use	44.3	43.6	44.5	29.8	28.7	29.6	21.8	23.2	22.9

In comparison, much higher proportions of respondents reported no AOD use in the past 30 days: 70.7% of 7th graders, 53.3% of 9th, and 45.4% of 11th. Nevertheless, this suggests that about half of secondary school students are current consumers of either alcohol or an illicit drug.

Polydrug Use

Respondents were asked how often in the previous six months they had used two or more drugs (e.g., beer and marijuana) on the same occasion (Table 26). This behavior is a gauge for a high level of drug involvement. It is risky behavior because of the adverse pharmacological interactions that can result.

- Polydrug use on at least one occasion in the previous six months was reported by 8% of 7th, 25% of 9th, and 32% of 11th graders.
- At all three grade levels, most polydrug users engaged in this behavior on six or fewer occasions, averaging once a month or less often. However, 23% of polydrug users in 9th grade and 31% in 11th engaged in it on seven or more occasions, and about half in both grades (48% and 56%) did so on three or more occasions.

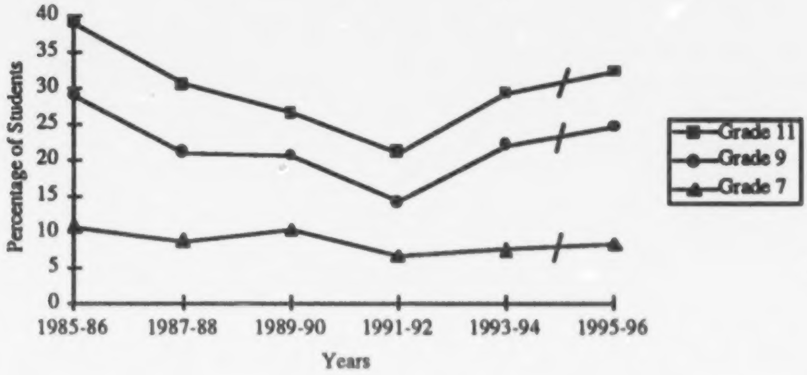
Table 26
Polydrug Use in Previous Six Months for Grades 7, 9, & 11

Frequency	Grade 7 1993-94 (%)	Grade 7 1995-96 (%)	Grade 9 1993-94 (%)	Grade 9 1995-96 (%)	Grade 11 1993-94 (%)	Grade 11 1995-96 (%)
1-2 times	4.8	5.3	12.0	13.0	16.1	14.3
3-6 times	1.6	1.8	5.5	6.0	6.7	8.0
>7 times	1.0	0.9	4.7	5.7	6.5	9.9
Total	7.4	8.0	22.2	24.7	29.3	32.2

These rates are slightly higher in each grade compared to 1993. This undoubtedly reflects the corresponding increase in the rates for marijuana.

Figure 10 illustrates that trends in polydrug use since 1985 have closely paralleled those for marijuana in Figures 5 and 6.

Figure 10
Polydrug Use in the Past Six Months, by Grade, Since 1985



"High" at School on Alcohol or Another Drug

The percentage of students who reported that they had been "high" at school on alcohol or another drug is reported in Table 27. See Figure 11 (page 54) for an illustration of the two most recent surveys, with trends since 1989, when the item was first used in the CSS.

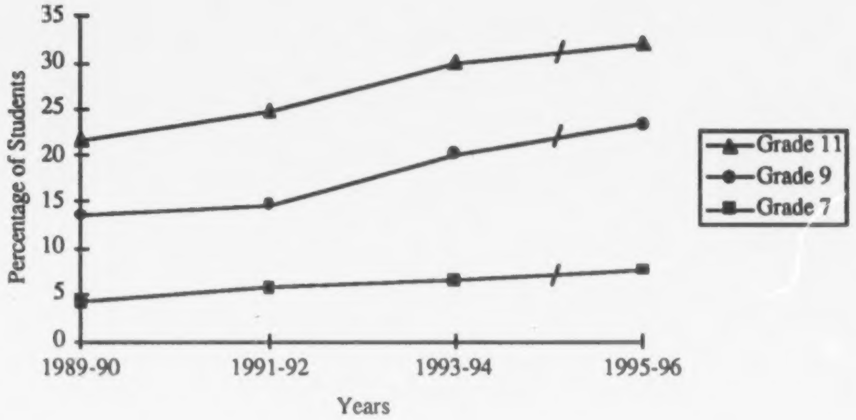
- **Eight percent of 7th-, 23% of 9th-, and 32% of 11th-grade students reported that they had been "high" at school on one or more occasions.**
- **Of these students, 59% had been "high" at school three or more times in grade 11 and 48% in grade 9.**

Table 27
Ever "High" at School on Alcohol or Another Drug, by Grade

	Grade 7		Grade 9		Grade 11	
Frequency	1993 -94 (%)	1995 -96 (%)	1993 -94 (%)	1995 -96 (%)	1993 -94 (%)	1995 -96 (%)
Once or twice	4.8	6.6	12.1	12.1	14.8	13.3
Three to six times	0.8	0.6	3.3	4.9	4.5	5.1
More than six times	0.9	0.3	4.8	6.3	10.6	13.8
Total	6.5	7.5	20.2	23.3	29.9	32.2

These values were only marginally higher than for the 1993 survey. However, as illustrated in Figure 11, since 1989 they have steadily increased in all grades, by almost half among 11th graders and over half among 9th.[20]

Figure 11
Ever "High" at School on Alcohol or Another Drug, Grades 7, 9 & 11, Since 1989



Excessive Alcohol and High-Risk Drug Use

Two summary measures have been developed to define better the proportion of students in grades 9 and 11 who engaged in heavy, frequent, or potentially abusive substance use. The *High-Risk User (HRU)* index has been used since the 1987 survey to classify respondents according to their overall level of illicit drug use. The *Excessive Alcohol User (EAU)* index has been used since 1991 to identify respondents who use alcohol abusively (getting very drunk, sick, etc.). The specific criteria for classification as HRU or EAU are provided below. Results for each of these measures, as well as a combined category of EAU or HRU, are summarized in Table 28.

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[20] See also Appendix Table A7.

Table 28
High-Risk and Conventional Drug Use, Abstention, & Excessive Alcohol Use

	1987-88 (%)	1989-90 (%)	1991-92 (%)	1993-94 (%)	1995-96 (%)
Grade 9					
High-Risk Drug Users (HRU)*	13.6	13.5	11.4	21.2	20.2
Conventional Users (CON)*	57.2	50.9	58.4	51.4	50.4
Abstainers (ABS)*	29.2	35.5	30.2	27.2	29.4
Excessive Alcohol Users (EAU)	—	—	18.5	21.0	23.3
Total EAU or HRU	—	—	22.0	29.1	28.5
Grade 11					
High-Risk Drug Users (HRU)*	23.4	21.4	17.6	26.6	26.8
Conventional Users (CON)*	57.0	55.0	60.9	51.2	50.6
Abstainers (ABS)*	19.7	23.7	21.5	22.3	22.6
Excessive Alcohol Users (EAU)	—	—	27.5	29.2	31.3
Total EAU or HRU	—	—	32.5	37.8	38.4

*Refers to drug use in the past six months only.

High-Risk Drug Use

The HRU concept is based on patterns of use that indicate willingness to take risks in drug use or a pattern of regular use. It is defined as engaging in *any* of the following types of illicit drug use over the past six months:

- using cocaine in any form, including crack; or
- frequent (three or more times) polydrug use; or
- weekly or more frequent use of marijuana; or
- a pattern of use involving other drugs.[21]

The HRU index is also used to calculate the proportion of upper graders who are *Conventional Users (CON)* and *Abstainers (ABS)* which are also provided in Table 28. Conventional Users are students who used either alcohol or an illicit drug at least once in the previous six months, but did not meet any of the four HRU criteria. They are the largest group in both grades, accounting for more than half of the respondents even in grade 11. In the past, virtually all CON respondents had used alcohol, and many had used marijuana, though on a less than weekly basis. Abstainers, of course, are students who reported no use of alcohol or illicit drugs in the 6 months preceding the survey. The following generalizations are of particular interest.

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[21] The last HRU indicator identifies respondents who had (a) used three or more illicit drugs (other than cocaine and marijuana) at least "once or twice," or (b) who had used one such drug at least a few times and one other drug at least once, etc. The rationale underlying the index is explained in Skager & Frith 1989.

- *High-risk use.* In the current and the previous survey, about one fifth (20 to 21%) of 9th graders and over one quarter (27%) of 11th graders were classified as HRU. By 11th grade, respondents were more likely to be high-risk users than to be abstainers.
- *Conventional use.* In the 1993 and 1995 surveys, for both 9th and 11th grades, about half the respondents (50 to 51%) were classified as conventional users.
- *Abstention.* The percentage of abstainers from all substances was 29% in grade 9 and 23% in grade 11, consistent with prior surveys.[22]

As Figure 12 shows, there has been little change in any of the three categories since 1993. Since 1987, when this item was first asked, the proportion of abstainers has remained about the same, except for the rise in 1989 when overall illicit drug rates were at their lowest. Greater fluctuations have occurred in the proportion of conventional and high-risk users.

- The HRU rate is currently higher than in any prior survey, although the big increase occurred between 1991 and 1993. This reflects the trends in illicit drug use.
- The CON rate has fluctuated generally in the opposite direction from trends in HRU.

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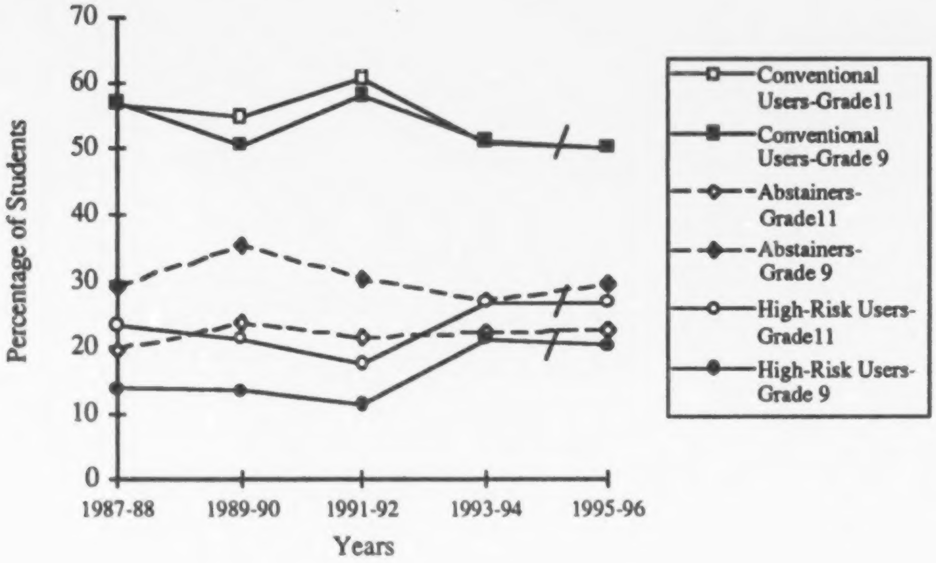
[22] These rates for six-month abstention are slightly different (generally by tenths of a percent) from those presented in Table 25 because they were calculated by a different algorithm dependent on HRU analysis.

Figure 12
Abstinence, High-Risk, & Conventional Drug Use in the Past Six Months, Grades 9 & 11, Since 1987



Excessive Alcohol Use (EAU)

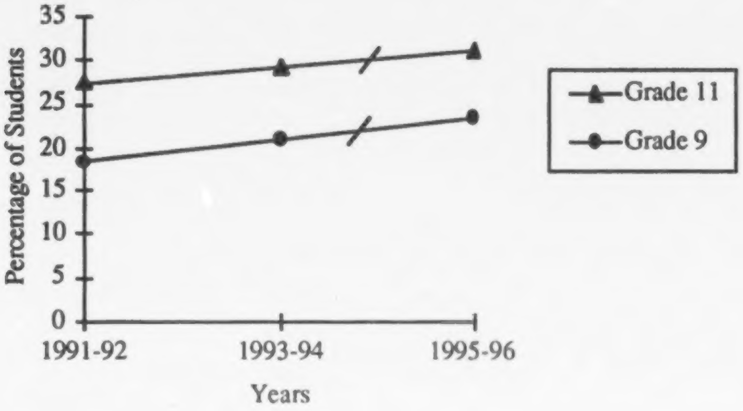
Identification as an EAU was based on reporting any of the following three types of alcohol use:

- drank five drinks in a row, two times in the past two weeks; or
- was very drunk or sick three or more times in lifetime; or
- likes to drink to get drunk or feel the effects a lot.

In addition to the percentages presented in Table 28, Figure 13 gives a visual picture of the EAU findings since the item was first used in 1991.

- Twenty-three percent of 9th- and 31% of 11th-grade students were classified as excessive alcohol users. In both cases these percentages were slightly higher than for the previous (1993) survey and notably higher than the 1991 survey.

Figure 13
Excessive Alcohol Use, Grades 9 & 11, Since 1991



HRU and EAU Combined

The percentage of students classified as either HRU or EAU or both registered 28% in 9th and 38% in 11th grade. These percentages are similar to those reported in 1993 but considerably higher than for 1991 (30% higher in 9th and 18% in 11th).

Need for Counseling or Treatment

Given the high rates of AOD use reported by our respondents, what proportion ever felt that they might need AOD-related counseling or treatment? Table 29 shows that only very small numbers had ever definitely perceived such a need. However, these numbers rise substantially when you take into consideration those who marked "don't know"— that is, they used AOD but were uncertain if they needed counseling or treatment.

- Only 2% of 9th and 3% of 11th graders at some time felt that they needed AOD counseling/treatment.
- Including the percentages who responded *don't know* suggests that 12% of 9th and 10% of 11th graders possibly needed it. This is over one quarter of users in 9th grade (27%) and almost one fifth in 11th (19%).

Even though the combined percentages are more substantial, they are below the rates reported for ever making some attempt to stop drug use (32% among drug users). Moreover, it is still apparent that 33% of 9th and 44% of 11th graders used drugs, but felt no need for professional assistance. The current findings are very similar to those recorded in 1993, when this question was first asked.

Table 29
Perceived Need for Counseling or Treatment

	Grade 9		Grade 11	
	1993-94[a] (%)	1995-96[a] (%)	1993-94 (%)	1995-96 (%)
No, never used AOD	55.5	55.4	45.8	46.2
No, but do use AOD	33.8	32.6	44.1	43.7
Yes	1.7	2.1	2.8	2.9
Don't know	9.0	9.8	7.3	7.1

[a] First asked.

V. Prevention and Intervention

This section covers findings relevant to AOD prevention and intervention efforts. This includes: (a) perceived reasons why drugs are used; (b) sources of information about drugs; and (c) the availability of, participation in, and perceived effects of school-based prevention and intervention programs. Respondents were questioned on intervention efforts to assess their awareness or use of school programs that help students with AOD-related problems.

Reasons Students Use Alcohol or Drugs

Respondents were provided a list of six reasons why someone might use alcohol or drugs, and were asked to select as many as they believed applied to "kids their age" (see Table 30). Overall, the most selected response alternative was *to have fun*, but this was less the case among 7th graders than upper graders. *Curiosity* also was perceived as relatively important in all grades. The influence of *friends* declined in comparison to other options as grade level increased, whereas *having fun* increased.

- Seventh graders gave greatest emphasis to *friends use* (52%) and *curiosity* — "see what it's like" — 47%.
- *Curiosity* remained important among upper graders, the most frequently selected option in 9th grade (54%) and the second most frequently selected in 11th (58%).
- *Friends use* was also seen as important by half or more of upper grades, but it was only the third-most selected option among them, compared to first among 7th graders.
- The percentage endorsing *having fun* as a reason was the second-to-last-selected option by 7th graders (34%) but the most-selected among 11th (62%).
- *Avoiding problems* was cited less often than these other three options (by 42% to 48% across grades), but was still relatively important.
- *Boredom* was the least frequently cited reason in all grades, checked by only 17% of 7th-, 26% of 9th-, and 31% of 11th-grade students.

Compared to 1993, the percentages for all options were generally higher. Small fluctuations in the findings have occurred every year since the item was first used in 1985, but the overall pattern has not changed.

According to our respondents over the years, the main reasons students used drugs consistently have been for *having fun, curiosity,* and *friends use.* Overall, *having fun* has been the most frequently endorsed. In spite of the high ranking for having fun at all three grade levels, *boredom* has been the least frequently cited reason, even though it is often cited by adults as a basis for enhancing recreational services. As youth age, *friends use* declines noticeably in ranking compared to having fun and curiosity. This raises questions about the efficacy of social influence and resistance training approaches to prevention among older youth.

The high endorsement of *having fun* suggests that drug use for adolescents, and presumably adults as well, is a social rather than solitary enterprise. Given this, is it not likely that telling students not to use alcohol or drugs is similar to telling them *not* to have fun or have potentially interesting or exciting experiences? In order to make prevention programs more effective, practitioners need to understand that youth view AOD use as socially sanctioned.

Table 30
Reasons for Using Alcohol & Other Drugs, by Grade

	Grade 7			Grade 9			Grade 11		
Reason	1991 -92 (%)	1993 -94 (%)	1995 -96 (%)	1991 -92 (%)	1993 -94 (%)	1995 -96 (%)	1991 -92 (%)	1993 -94 (%)	1995 -96 (%)
Avoid problems	52.3	40.1	42.3	53.6	45.7	45.1	55.1	46.1	47.7
See what it's like	49.4	39.9	46.9	52.5	48.1	54.2	58.3	53.7	57.6
Friends use	51.3	44.7	51.6	53.4	46.5	50.2	58.5	49.9	54.4
Have fun	34.6	27.1	33.5	48.9	45.9	52.7	64.7	60.6	62.0
Bored, nothing to do	21.5	13.3	17.4	24.1	23.4	25.8	31.4	31.3	31.4

Sources of Information about Alcohol and Drugs

Students were asked to check any of six possible sources of information from which they had learned about alcohol and other drugs. This year a seventh category of *other* was also added. The information sources in Table 31 that were most frequently acknowledged overall were *school* and *friends*. However, these two sources change in relative importance with age.

- *School* was initially most important (cited by 65% of 7th graders), but declined somewhat with grade level (to 55% in grade 11).
- *Friends* were initially only moderately important (39% in grade 7), but increased substantially with grade level (to 65% in grade 11).
- *Parents* were cited by fewer than half of the respondents, regardless of grade level. Parents also declined somewhat in importance as their children grew older (from 46% in grade 7 to 39% in grade 11).
- *Movies and TV* did not have the influence that is often assumed by adults. Only 37% to 39%, across grades, cited these media as sources of information.

- *Own experience* (i.e., the respondents') was relatively unimportant in early grade levels (only 16% of 7th graders), but was cited by 41% of 11th graders.

These results are very consistent with those reported in 1993 and previously.[23] The most significant finding is that older adolescents rely heavily on friends as sources of information about alcohol and drugs. This is merely one example of an increased dependence on peers for information relating to social norms and behaviors.

Table 31
Sources of Information about Alcohol & Other Drugs, by Grade

	Grade 7		Grade 9		Grade 11	
Source	1993-94 (%)	1995-96 (%)	1993-94 (%)	1995-96 (%)	1993-94 (%)	1995-96 (%)
School	60.6	65.3	56.7	57.7	54.5	55.4
Friends	31.8	38.6	50.9	57.6	59.2	64.9
Parents	39.8	45.9	38.0	37.1	36.3	38.5
Movies/TV	32.2	37.9	34.3	35.9	34.2	39.3
Own experience	13.3	16.1	25.4	27.2	38.6	41.1
Siblings	11.7	16.1	16.9	17.0	19.5	18.4
Other	—	21.3	—	19.0	—	20.2

Participation in School Prevention and Perceived Effects

Respondents identified the types of school AOD-prevention programs or activities in which they were involved during the previous 12 months. They also were surveyed on what — if any — effects these activities may have had on their own decisions about AOD use.

Prevention Participation (Past Year)

Questions on participation in school prevention efforts in the past year were expanded for the current survey. The new list was considerably detailed and included more examples of specific prevention activities, including joining *Students Against Drunk Driving* (SADD), entering essay or art contests, signing contracts not to use or drink and drive, and talking to another student in a formal peer support program about AOD use. Also, for the first time, the same item was used for all three grade levels.[24] Since the question has been revised so extensively, comparisons with prior results will not be attempted, except for the proportion of users who reported having no prevention involvement.

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[23] Between 1985 and 1991, respondents were asked separately about information sources for alcohol and for drugs, so the response percentages are not directly comparable with the 1993 and 1995 item, which asked about AOD use in general. However, the relative influence of each information source was very consistent.

These results, provided in Table 32, indicate that classroom instruction is the most common form of prevention exposure, and that exposure tends to decline in the upper grades. Indeed, the highest response among upper-grade students was for not recalling being involved in any prevention-related instruction.

- *No involvement.* The percentage of students who denied any participation in a prevention program/activity, or who were not aware whether they had or not (i.e., responded "don't know"), was surprisingly high for all three grades, and increased with age, from 36% of 7th graders to 43% of 11th graders.
- *Classroom instruction.* The most frequent activity reported was receiving AOD information as part of a *course*. This type of prevention involvement was less frequent at higher grade levels, declining from 43% in 7th grade to about 33% in 9th and 11th.
- *Assemblies.* Attending assemblies on AOD ranked second in frequency, with little difference across grades (30% to 31%).
- *Guest speakers.* Listening to a guest speaker ranked third, being reported by about 1 in 5 students in each grade.
- *Essay/art contests.* Involvement in prevention essays or art contests declined markedly with age, from 15% in 7th grade to 3% in 11th.
- *Peer discussions.* In contrast, the proportion of respondents who talked to another student about not using AOD increased with grade, from 10% in 7th to 18% in 11th.

The increasing role, for students in upper grades, of peer discussions about quitting is consistent with the previously reported data on the growth of peer influences. This finding also highlights that peer influences can be positive as well as negative; peer influences can be mobilized to help prevent use.

Although the changes in the items from previous surveys limit direct comparisons of results, it is evident that the nature of student experiences in prevention activities remains the same as it has been over the last 10 years. Information about AOD use in classes, assemblies, and guest speakers have consistently been most often reported in all three grade levels.

Similar results were found for those who responded "none" in the upper grades in 1993. Moreover, that year marked a significant increase in the proportion reporting no involvement compared to 1991. Current results tend to support the conclusion reached in the 1993 report that an overall reduction in school-based prevention exposure occurred, in contrast to the late 1980s, that seemed to correspond with statewide program-funding reductions and uncertainties.

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[24] In prior surveys, the list of activities was shorter for students in grade 7.

Table 32
Participation in School Prevention Activities & Programs in the Past Year, by Grade

	Grade 7	Grade 9	Grade 11
Perceived information on AOD in a course	42.6	33.9	33.0
Attended assemblies on AOD	30.5	31.0	30.2
Listened to a guest speaker	19.5	18.5	19.0
Talked to other student about not using AOD	10.3	12.2	17.9
Attended AOD-free social event	9.6	6.9	7.9
Member student prevention organization	8.5	5.3	5.8
Participate in AOD essay or art contest	14.6	5.9	2.9
Signed no use contract	11.4	6.6	8.2
Signed no drink/drive contract	7.7	3.3	7.1
Other prevention activity	9.1	9.0	6.4
No prevention involvement	21.3	27.2	32.2
Don't know	15.1	14.1	11.0

Perceived Effects of Participation (Lifetime)

Since 1985, upper-grade students have been asked about the perceived effects of prevention, marking all that applied from a list of 11 options (see Table 33). This year, the item was also included in the 7th-grade instrument. Regardless of grade level, about 20% of students reported that they *never* had classes or programs on alcohol or drugs in school, with the rate of nonexposure increasing with grade. Moreover, among 11th graders, nonexposure rates have been increasing since 1989.

Learning about harmful effects and about avoiding use were the most frequently reported kinds of prevention experiences across all grades.

- *No exposure or effect*. Only about one sixth of 7th graders (16%) and a tenth of 9th graders (11%) reported never having had a prevention class or program. The rate rose to one fifth of 11th (20%). Only 5% of 7th graders indicated that their prevention exposure had not affected them or they learned nothing. This rate rose to 12% of 9th and 16% of 11th graders.
- *Harm*. Learning that alcohol and drug use is harmful was the most frequent response among upper graders (by 36% of 9th

graders and 39% of 11th) and second-most frequent among 7th (by 40%).

- *Use avoidance*. Learning to avoid or reduce alcohol and drug use was reported by slightly fewer (over 40% of 7th, and about 30% of 9th and 11th). There was little difference in regard to alcohol or other drugs.
- *Peer-pressure resistance*. Learning to resist pressure from friends to use AOD was reported by fewer students (from 29% of 7th to 20.5% of 11th graders). Other positive outcomes were reported by relatively small percentages of students regardless of grade level.
- *Self-determination*. About one fourth of the respondents at each grade level indicated that they had already decided on their own not to use drugs or alcohol (23% to 25%).
- *Boomerang effects*. Less than 10% indicated that prevention education had made them more interested in trying AOD.

The current results are consistent with past surveys in showing that traditional approaches to AOD-prevention that emphasize avoidance and harmfulness of use are reported most frequently. Rates for perceived positive benefits from prevention education declined with grade level, and rates were reported lower on all alternatives than in 1987 and 1989, for reasons that are not clear. Two exceptions are evident compared to 1993:

- The proportion who reported prevention not affecting them rose among 9th graders (from 8% to 12%) and 11th (from 11% to 16%).
- The proportion who reported never having classes or programs declined by half in 9th grade (from 21% to 11%) but rose by one third among 11th (from 15% to 20%).

Table 33
Perceived Effects of Alcohol & Drug Prevention Education (Lifetime), by Grade

	Grade 7[a]	Grade 9			Grade 11		
Prevention Effect	1995-96 (%)	1991-92 (%)	1993-94 (%)	1995-96 (%)	1991-92 (%)	1993-94 (%)	1995-96 (%)
Never had AOD education	15.6	13.9	20.9	10.6	10.9	14.8	19.9
Avoid/reduce alcohol use	47.8	40.6	34.2	32.6	40.0	31.2	29.0
Avoid/reduce other drug use	43.7	39.0	30.1	31.5	40.7	29.3	28.9
Learned harmful	40.3	46.4	34.7	35.7	54.5	39.9	39.0
Resist pressure to use	28.8	30.7	25.0	23.1	31.5	21.4	20.5
Helped deal with feelings	15.0	18.0	10.5	9.8	18.6	10.9	9.5
Helped me talk with parents	6.5	8.7	4.4	4.4	7.8	4.3	3.8
Helped seek treatment[b]	4.5	7.7	2.9	1.9	5.6	2.6	1.5
No effect, learned nothing	5.4	7.9	8.1	12.3	10.9	10.6	16.4
Decided on own not to use	23.3	35.2	20.9	23.1	34.0	24.9	24.8
Made more interested in trying	5.5	—	8.4	9.4	—	9.0	6.8

[a] For the current survey, the question on perceived effects of prevention was combined for senior high and middle school for the first time. The 7th-grade question used in earlier surveys contained fewer alternatives and simpler language. Due to these changes, findings from the 1993 survey are not provided for grade 7. [b] Or counseling.

School Intervention Programs and Activities

Questions on school-based interventions for students who use alcohol and other drugs (as well as tobacco) appeared for the first time in the current survey for 9th and 11th graders. Given the high levels of AOD-involvement consistently found among high school students in this survey, these questions sought to better determine the scope of school efforts to help students stop or at least reduce their use. The questions covered respondents' perceptions about the availability of interventions, what might happen at their school to students who had problems with alcohol or drugs, and the likelihood that they could find help. Respondents were also asked whether they had ever used intervention resources at their school.

The majority of high school respondents did not believe or were not aware whether helping resources exist for users. This was also true of regular users — those who would be the target of any helping services, if they existed. If anything, they were more likely to perceive that school help was not available and that the school response would be punitive. These survey results are disappointing after a decade in which programs for "at-risk" students have received so much attention. They underscore the tremendous need to link students with AOD problems and their families to intervention and counseling services from the community.

What Would Happen to a Student with an AOD Problem

High school respondents were given a list of actions that a school might take in regard to students who had problems with alcohol or drugs. They were asked to identify all the actions that they thought would occur in their school. The results in Table 34 indicate that the majority did not know if helping resources were available at school. Expulsion was believed to be the most likely school response.

- The alternative attracting the largest response was *"Don't know,"* checked by more than one third (37%) at both grade levels. Fifty percent of 9th and 52% of 11th graders either did not know about intervention resources at their school or believed that students in trouble with AOD use would receive *no help*.
- The most selected option was that such students would be *expelled or transferred* (27% of 9th and 32% of 11th graders).
- Only about one fourth of 9th graders (26%) and even fewer 11th (23%) believed that students would get *help from an adult* at their school.
- If there were *self-help groups* at the schools, barely 10% of respondents at both grade levels were aware of them.

Weekly alcohol or marijuana users, even more than the total sample, tended to perceive that users would not get positive assistance and would likely receive no help or be expelled.

- Weekly users reported lower rates of *Don't know*; lower rates for *getting help* from another adult; and higher rates for *not receiving help* at school or being expelled, or transferred.

Table 34
Views of What Would Happen at Their Schools to Students Who Had AOD Problems, Grades 9 & 11, Total Sample vs. Weekly Alcohol & Marijuana Users

	Total Sample		Weekly Marijuana Users		Weekly Alcohol Users	
Perception	9th (%)	11th (%)	9th (%)	11th (%)	9th (%)	11th (%)
Help from adult[a]	25.9	22.6	17.3	18.2	22.2	19.0
Get help from another student	13.9	15.6	14.4	13.7	12.6	16.1
Join self-help group at school	9.8	9.9	7.1	8.8	7.0	11.9
Be expelled or transferred	26.5	32.5	34.1	34.8	32.0	34.1
Sent to outside agency	16.5	17.2	17.3	15.9	17.0	17.8
Not receive help at school	12.5	14.5	21.4	17.8	18.9	18.2
Don't know	37.4	37.3	32.5	36.3	30.4	31.4

[a] Counselor or teacher.

Talking with Others in School about Stopping Use

Students were asked whether they had ever talked about stopping their own AOD use with: (a) other students in peer counseling or tutoring programs; (b) adults such as teachers or counselors; or (c) in a meeting or school support group. Results appear in Table 35.

Consistent with the data presented above, receiving help with cessation in a school program was rare. The overwhelming majority of students had never made use of any intervention resources or programs in their school.

- *Talking with another student* in some kind of peer counseling program was the most frequently cited experience, endorsed at both grade levels by about 15% of the respondents.
- The other intervention approaches (*talking with adult counselor or teacher* and *attending some kind of support group or program*) were cited by less than 10% of the students at both grade levels.

While the most students indicated that they had talked with peers, it may be that some had not read the question carefully or did not understand what was meant. The full question on peer counseling read, "Have you ever talked about stopping use with another student in a peer counseling or tutoring program at school?" That the conversation had to be part of a formal school program may have been missed by a number of respondents, which may have resulted in only a small increase in the percentage of awareness of adults and support groups.

Again we find that differences between the total sample and weekly alcohol or marijuana users were relatively small. Weekly users were slightly more likely to report having talked to another student or adult and to have attended a support group/meeting.

Table 35
Ever Talked with Others about Stopping Own AOD Use, Grades 9 & 11, Total Sample vs. Weekly Marijuana and Alcohol Users

	Grade 9			Grade 11		
Person Talked To	Yes	No	Don't Know	Yes	No	Don't Know
Total Sample						
Another student (peer)	15.1	73.1	11.8	16.5	76.5	7.0
Adult (counselor, teacher)	6.7	83.2	10.1	8.5	86.5	5.1
Meeting or support group	7.5	85.6	6.9	8.8	86.7	4.4
Weekly Marijuana Users						
Another student (peer)	19.5	17.7	12.8	19.3	73.8	7.9
Adult (counselor, teacher)	13.5	80.0	6.5	8.4	88.4	3.2
Meeting or support group	12.2	84.1	3.7	11.7	84.3	3.9
Weekly Alcohol Users						
Another student (peer)	14.4	75.3	10.4	18.1	75.1	6.7
Adult (counselor, teacher)	9.5	84.8	5.7	8.9	86.8	4.3
Meeting or support group	10.0	84.8	5.1	10.5	85.3	4.2

Chances of Finding Help at School

Respondents were also asked their opinion on the chances that a student who wanted to stop using alcohol or other drugs would find help at school (Table 36).

- Only 10% or slightly more of the respondents reported that a student who wanted to stop AOD use would be *very likely* to find help at their school.
- In contrast, 60% or more thought the prospects for receiving help were *unlikely* or indicated that they were unaware of such services.

Weekly users of alcohol and, especially, marijuana were more likely than other students to believe that the schools would not provide any help (just under 25% more likely in the case of marijuana).

Table 36
Likelihood of Students Finding Help at School to Stop AOD Use, Grades 9 & 11, Total Sample vs. Weekly Marijuana & Alcohol Users

	Total Sample		Weekly Marijuana Users		Weekly Alcohol Users	
Likelihood	9th (%)	11th (%)	9th (%)	11th (%)	9th (%)	11th (%)
Very likely	13.5	10.3	12.7	9.1	11.9	9.2
Fairly likely	26.3	26.7	21.5	18.1	24.5	23.7
Not likely	39.6	45.2	48.4	56.0	43.5	51.9
Don't know	20.6	17.9	17.3	16.7	20.1	15.3

Cessation Program Awareness

Finally, students were asked whether their school had programs to help students stop using alcohol, tobacco, or cigarettes. The findings in Table 37 are consistent with the information already presented on school-based intervention programs: less than 20% of respondents perceived that such programs were available in schools.

- For both 9th and 11th grades, over 8 in 10 students reported either there definitely were no programs to help students stop AOD use or that they did not know of any.

Differences between the total sample and weekly users were again small and difficult to interpret, with a tendency for weekly users to report slightly higher rates for both having and not having programs.

Table 37
Awareness of School Programs to Help Stop AOD Use, Grades 9 & 11, Total Sample vs. Weekly Marijuana & Alcohol Users

	Total Sample		Weekly Marijuana Users		Weekly Alcohol Users	
	9th (%)	11h (%)	9th (%)	11th (%)	9th (%)	11th (%)
Yes	15.8	18.2	17.4	19.9	22.0	18.0
No	18.6	26.9	22.6	24.3	21.8	28.2
Don't know	65.6	54.9	60.0	55.8	56.2	53.8

VI. Tobacco Use and Prevention

Over the years, the number of survey items on tobacco use has steadily increased, partly in response to rising concerns and the need to have data to evaluate the effectiveness of the state's Proposition 99 anti-tobacco effort. This section is devoted to tobacco use (cigarettes and smokeless tobacco) and prevention. It discusses use prevalence and frequency in the past 30 days and lifetime, ten-year trends in overall and daily smoking rates, perceived harm, cessation attempts, and school-intervention efforts designed to promote smoking cessation.

Current and Lifetime Prevalence

Two items assessed current cigarette smoking, each with different purposes in mind. Since the survey began, respondents have been asked about their frequency of smoking during the *month* preceding the survey. This item is used to assess long-term trends for both any and daily smoking. In 1993, a separate item was added, inquiring about any use of both cigarettes and smokeless tobacco, as well as alcohol and the major illicit drugs, in the *past 30 days*. This is used to compare patterns of tobacco use with AOD use.

Frequency of Current Smoking (Overall and Daily)

Table 38 reports findings on frequency of cigarette smoking during *the month* preceding the survey.

- *Any smoking.* At least some cigarette smoking in the previous month was reported by 15% of 7th graders, 28% of 9th, and 30% of 11th.
- *Daily smoking.* Daily smoking was less frequent, but the rates showed as a pronounced increase between 7th, 9th, and 11th grades. While total smoking doubled between 7th and 11th grade, daily smoking increased by a factor of six (from 2% to 12%). This underscores the importance of preventing smoking experimentation.

Table 38
Frequency of Cigarette Smoking, Past Month, by Grade

Frequency	1985-86 (%)	1987-88 (%)	1989-90 (%)	1991-92 (%)	1993-94 (%)	1995-96 (%)
Grade 7						
A few times[a]	11.7	13.0	11.2	13.1	10.2	8.9
More than a few times[b]	—	—	—	3.3	3.7	4.1
Daily	3.8	3.3	5.1	4.4	3.7	2.0
Total any use	15.5	16.3	16.3	20.8	17.7	15.1
Grade 9						
A few times	20.6	16.7	13.7	19.6	14.8	11.5
More than a few times	—	—	—	5.4	6.8	8.4
Daily	13.0	7.4	9.3	6.3	8.6	8.4
Total any use	33.6	24.1	23.0	31.3	30.2	28.2
Grade 11						
A few times	16.5	14.1	11.3	18.8	12.1	12.0
More than a few times	—	—	—	5.3	4.7	7.0
Daily	14.3	12.6	12.5	9.7	12.3	11.6
Total any use	30.8	26.7	23.7	33.8	29.1	30.5

[a] “But not daily.” [b] Response category “More than a few times but not daily” added in 1991-92.

Ten-Year Smoking Trends

Grades 9 and 11. Figure 14 reveals that smoking rates have registered remarkably similar trends for grades 9 and 11. While there has been considerable fluctuation in overall smoking rates, daily smoking has been relatively stable (with the partial exception of grade 9). Current results indicate little recent change in smoking overall.

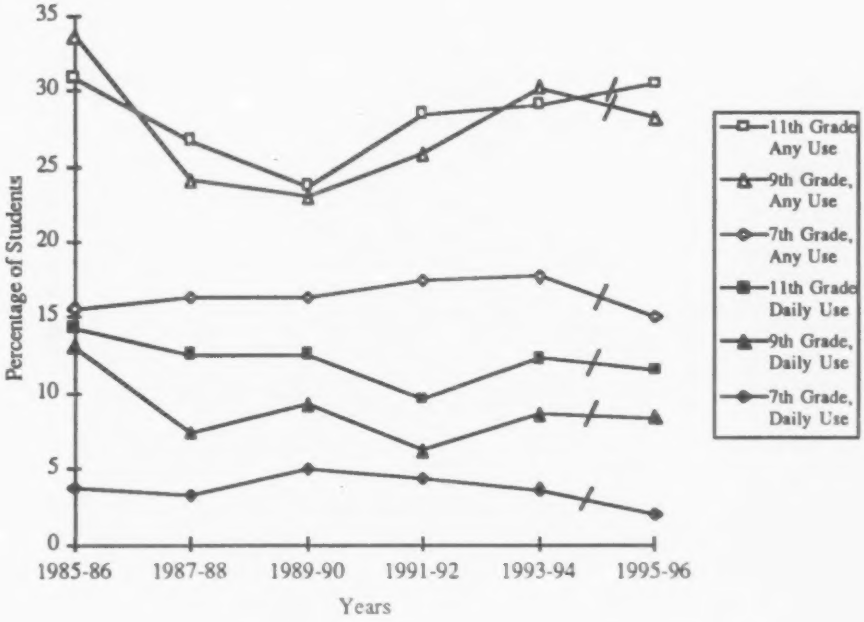
- There was a marked decline in overall smoking prevalence from 1985 to 1989, and then a rise through 1993. The major variation between grades occurred in the current results, which continued to rise very slightly among 11th graders (by 1.5 percentage points) but declined even more among 9th (by 2 points). Overall, these smoking trends parallel the U-shaped curve observed for marijuana.
- Daily smoking has been more stable (with the partial exception of grade 9) since 1985. After decreasing in 1991 among the upper grades and then rebounding in 1993, little change is evident in 1995. With the exception of the dip in 1991, rates among 11th graders have varied by only about two percentage points since 1985 (12 to 14%).

Grade 7. Smoking in 7th grade has always been considerably lower than the upper grades and has shown less variation over time. Current results provide the first indication that smoking may be declining in this grade.

- Between 1985 and 1993, overall smoking rates slowly rose from 16% to almost 18%. The 1995 survey recorded a decline from the highest rate ever reported to the lowest (15%). Daily smoking has slowly declined since 1989, from a peak of 5% to 2%.

Overall, the current results suggest that teen smoking has remained stable and may have even declined slightly in the younger grades. The main exception — the rise in overall smoking among 11th graders — was too slight to be significant.

Figure 14
Cigarette Smoking, Past Month, Since 1985, by Grade



Thirty-Day Smoking Compared to Alcohol and Marijuana Use

In new items, respondents were asked more simply about *any* current (last 30 days) or lifetime use of cigarettes and smokeless tobacco. Table 39 shows that the current smoking rates on this item correspond reasonably close to the data for the past month in Table 38, although somewhat lower. This slight difference is probably because the calculations in Table 38 were based on frequency data rather than simple yes/no responses.

- Taken together, the two items indicate current smoking among over one tenth of 7th graders, about one fourth of 9th, and nearly one in three 11th graders. The biggest jump was a doubling of smoking rates between grades 7 and 9.

Compared to the data on other current AOD use presented in Tables 5 and 15, current smoking is less common in all grades than alcohol drinking (see Table 5), but more common than marijuana use in grade 7 and about the same in grades 9 and 11. The 30-day prevalence rate for cigarettes in grade 7 was about half that for alcohol (11% vs. 23%); by the 11th grade, the difference had narrowed to almost only one third lower (28% vs. 48%). It was double that for marijuana in grade 7 (11% vs. 6%), but differed little in grades 9 (23% vs. 24%) and 11 (28% vs. 26%).

Table 39
Current and Lifetime Use of Cigarettes & Smokeless Tobacco, by Grade

Substance	7th (%)	9th (%)	11th (%)
Current (30 day)			
Cigarettes	11.2	23.3	28.4
Smokeless	2.1	5.9	8.4
Lifetime			
Cigarettes	30.5	50.6	60.1
Smokeless	8.1	13.9	21.3

Lifetime Smoking

Table 39 shows that almost one-third of 7th graders have at least tried smoking sometime in their lives; by the 9th grade, about half of them. Lifetime smoking rates are about three times higher than current rates in grade 7 and over two times higher in grades 9 and 11. This suggests a discontinuation rate of 50% among experimenters in the upper grades.

As youth age, smoking experimentation becomes relatively more common compared to alcohol and less common compared to marijuana. The lifetime smoking rate (30.5%) is about half that for alcohol use (57.6%) in 7th grade, but only 27% lower in grade 11 (see Table 5). It is three times higher than for marijuana in grade 7, but only 1.3 times higher in grade 11 (see Table 16).

These lifetime rates can include even youth who only smoked a puff or two. Table 40 reports the age at which respondents first remembered smoking *a whole cigarette*. The percentages are lower than for any smoking, as would be expected, but only slightly.

- By the modal age for their grade level, almost one quarter of 7th graders (23%), rising to over half of 11th (52%), had smoked a whole cigarette.

Comparing these lifetime rates to those in Table 39 reveals that the great majority of youth who ever tried smoking had smoked a whole cigarette (75% in grade 7 and 86% in grade 11.) Across grades, these results are consistent with those for 1993, when this item was first asked.

Table 40
Ever Smoked a Whole Cigarette at Least Once, by Age & Grade Level

Grade and Age	1993-94 (%)	1995-96 (%)
7th graders by age 12	26.3	23.0
9th graders by age 14	45.0	41.9
11th graders by age 16	52.8	51.8

Smokeless Tobacco and Total Tobacco Use

Rates of total tobacco use were slightly higher than those for cigarette smoking, reflecting that the great majority of all tobacco use is in the form of smoking. Smokeless tobacco rates were about one third or less the rates for smoking cigarettes.

- Current use was reported by only 2% of 7th graders and 8% of 11th.
- Lifetime rates were 8% of 7th, 14% of 9th, and 21% of 11th graders.

These current-use rates are about the same as reported in the past two surveys among 11th graders, slightly lower among 9th, and noticeably lower among 7th. This suggests possible inroads in reducing this practice among younger adolescents.

Perceived Harm

Findings on perceptions of harm from daily use of cigarettes are available only for the current and previous surveys (Table 41).

- Regular cigarette smoking was perceived as extremely harmful by 43% of 7th graders, 32% of 9th, and 42% of 11th.

These percentages are remarkably low compared to the previous survey, the first time this item was asked. A similar drop in perceived harm was found for alcohol, but respondents in all grades still reported higher harmful ratings for cigarettes than alcohol (although less than for illicit drugs). These rates are also lower than what would be expected given the general awareness that regular cigarette smoking *is* very harmful indeed.

Table 41
Perceived Harm of Frequent (Daily) Cigarette Smoking, by Grade [a]

Harmfulness ratings	7th (%)	9th (%)	11th (%)
Extremely Harmful			
1993-94	55.5	50.5	59.0
1995-96	42.8	32.4	41.6
Harmless[b]			
1993-94	5.0	4.5	3.2
1995-96	5.6	7.7	4.6

[a] Frequent means "Daily or Almost Daily." [b] Derived by combining the percentage of respondents who selected the "Mainly harmless" and "Harmless."

Cessation Efforts and Interventions

Cessation Attempts

About half of the 11th-grade smokers had tried to stop the habit at least once, and over four in ten 9th graders (Table 42). This is a higher proportion of users than reported trying to quit illicit drugs or, especially, alcohol (Tables 8 & 19).

- Of smokers, 43% in 9th grade and 46% in 11th made some cessation attempt. These rates rise to a majority in both grades if the calculations include those who indicated that they didn't know how many times they tried to stop.
- Just under half of these (43-45%) tried to stop more than once.

Table 42
Attempts To Stop Cigarette Smoking, Grades 9 & 11, Users Only

	Grade 9		Grade 11	
Frequency	1993 (%)	1995 (%)	1993 (%)	1995 (%)
None, but do use	45.4	47.4	43.7	48.3
Total any attempt	45.9	42.8	48.4	46.5
Once	26.6	23.5	25.5	26.2
Two or three times	14.1	13.5	16.8	15.1
Four or more times	5.2	5.7	6.1	5.2
Don't know	8.8	9.9	7.8	5.2

The cessation-attempt rate for smoking is over twice that reported by users of alcohol in 9th grade and 2.5 times higher than in 11th (18%). It is a common observation in the folk-wisdom among recovering alcoholics that it is more difficult to stop smoking than to stop drinking or using other drugs. The last point is consistent with this principle.

Compared to 1993, these rates are a slight reduction in the proportion of smokers who tried to stop, but this may be an artifact of a formatting change. In the 1993 survey, youth were asked about smoking cessation in a separate item. In 1995, respondents were asked about cigarettes, alcohol, and other drugs in the same item.

Efforts to Talk about Stopping

When asked if they had ever talked about stopping their own smoking, responses in Table 43 are very similar to those previously reported for AOD use (Table 32). Receiving help with smoking cessation in a school program was rare.

- The overwhelming majority of students had never made use of any tobacco-intervention resources or programs in their school.
- Talking with another student in some kind of peer counseling program was the most frequently cited experience, endorsed by about 15% of upper graders.
- Other intervention approaches (e.g., talking with adult counselor or teacher and attending some kind of support group or program) were cited by less than 10% of students at both grade levels.

Table 43
Talking with Others about Stopping Own Cigarette Use, Grades 9 & 11

	Grade 9			Grade 11		
Person Talked To	Yes (%)	No (%)	Don't Know (%)	Yes (%)	No (%)	Don't Know (%)
Another student (peer)	15.5	72.5	12.1	13.9	78.4	7.7
Adult (counselor, teacher)	9.0	81.0	10.0	8.0	86.7	10.0
Meeting or support group	6.0	87.7	6.3	6.7	88.6	4.8

Help at School for Smoking Cessation

Table 44 reports the opinions of respondents on the likelihood that a student who wanted to stop smoking cigarettes would find help at his or her school. Again results are almost identical to those for helping AOD cessation (see Table 37).

- Only 10% or slightly more reported that it would be *very likely* to find help at their school.
- In contrast, almost half thought it would be *unlikely*, and almost one fifth said that they were unaware of such services.

Smokers themselves reported similar rates, with the biggest difference being a higher rate reporting "not likely" among 11th graders.

Table 44
Likelihood of Finding Help at School to Stop Tobacco Use, Grades 9 & 11

Likelihood	Grade 9 (%)	Grade 11 (%)
Very likely	11.3	10.2
Fairly likely	30.1	25.2
Not likely	38.8	46.5
Don't know	19.9	18.1

Awareness of Cessation Programs in Schools

Consistent with these findings, only 17% of the secondary school students indicated that their school had *any programs* to help students stop smoking cigarettes (Table 45). Even higher proportions reported that they had *no programs*. In grade 11, particularly, almost one in three responded negatively. The great majority simply didn't know, suggesting that school cessation programs don't exist, or are little known. There also was very little difference in the response rates for current smokers themselves.

Table 45
Awareness of School Programs to Help Students Stop Smoking, Grades 9 & 11

	Grade 9 (%)	Grade 11 (%)
Yes	16.6	17.3
No	19.0	27.5
Don't know	64.4	55.2

VII. Conclusion and Implications

The sixth biennial marks the tenth year in which this survey has monitored substance use among California secondary school students. This is an appropriate time for examining the implications of our findings over the decade as a whole.

Despite the discontinuity introduced by the adoption of an active parental consent policy, the 1995 survey findings are especially noteworthy. The overall rates of alcohol and other drug use were remarkably close to those registered for the first (1985) and immediately preceding (1993) samples. Use of some illicit drug over the six months prior to the survey was reported by approximately one quarter of 7th graders and one half of 11th graders. Alcohol drinking was reported by one half of 7th graders and three quarters of 11th.

This similarity between current and past results reminds us that alcohol and drug use by teenagers is common at all levels of society, and highly resistant to prevention efforts. Substance use is not primarily a problem of so-called "at-risk" youth. It is everyone's problem: wealthy, middle class, and poor. Alcohol use has remained remarkably stable, except for the dips recorded in 1989. Illicit drug use has been more variable. Between 1985 and 1989, there had been noticeable declines in the use of several common illicit drugs — marijuana, inhalants, and cocaine. But since then the tendency has been for prevalence rates to rise, again particularly for marijuana, but also inhalants, LSD, and amphetamines. Overall, use of alcohol and other drugs by California youth remains about where it was in 1985, and so do the numbers of heavy and high-risk drug users.

The question we should ask is, "Why has alcohol and illicit drug use among youth been so resistant to the prevention programs offered by our schools and communities?" Several findings from the survey may help answer this question. At the least, they point to a need to reassess current prevention and intervention strategies.

Implications for Prevention Education

Alcohol and illicit drug use have for a long time been an integral part of the culture into which contemporary youth are socialized. Substance use among youth is quintessentially a social phenomenon. It is supported by personal experiences which contradict much of the information that is the current mainstay of school-based prevention. The following findings from the current survey support this assertion.

- *Use by adults.* By age 16 over half (53%) of the students knew at least one adult who used marijuana once a week or more often.

In prevention programs, students are told that such an adult has a drug problem. But what if the young person likes or admires that adult and thinks that he or she is living a desirable lifestyle? Would this not undermine the abstinence message and prevention in general?

- *Normative behavior.* Direct personal experience with an illicit drug is common among older teenagers. A majority (55%) of the 16-year-olds have tried a drug (ordinarily marijuana) at least once. Forty-three percent used marijuana in the last six months, and one in four (26%) in the last month. What are these young people saying to each other about their experiences with marijuana? Could their own experience or that of friends often appear to contradict what they have been told about the dangers of use, including likelihood of addiction or arrest? If so, communication among peers is likely to cancel out messages coming from adults.
- *Personal and friends' experiences.* More than six-out-of-ten 12-year-olds (65%) said they learned "a lot of what they know" about alcohol and other drugs from school classes and programs, while only a little more than one third (39%) learned from friends. In contrast, among 16-year-olds, more than six-out-of-ten (65%) learned about alcohol and other drugs from friends. While over half (55%) of the older youth still indicated they learned about substances in school, four-out-of-ten (41%) identified their own experiences.
- *Availability.* From the perspective of youth, drugs are readily available. More than eight-out-of-ten 16-year-olds reported that marijuana or other drugs were either "very easy" or "fairly easy" for students at their own grade level to obtain. The majority reported that students got drugs from their friends outside of school (58%), friends at school (56%), or at parties or social events outside of school (52%), rather than from people they viewed as "dealers" (only 35%). The distribution system may be perceived as a social network of peers rather than a network of criminals. Isn't it likely that easy availability and distribution by peers increases the perception that use of illicit substances is acceptable, even "cool?"
- *Reasons for use.* Six-out-of-ten 11th graders believed that their peers used alcohol and other drugs "to have fun" and almost that number (58%) cited "to see what it's like." More than half of the respondents (54%) also thought that "because their friends use" was an important reason why students used substances. Rightfully or wrongfully, the majority of students only one year away from high school graduation viewed drug use as recreation, as a way of satisfying curiosity, and as a socially sanctioned behavior, at least within their own reference group.

Is it stretching reason to suggest that, despite all our efforts, there is a dominant climate of acceptance and tolerance of experimentation or moderate use among the majority of high school students? Results for lifetime use of one or more illicit drugs underscores the importance of normative perceptions students are likely to have as to the acceptability of drug use among their peers, especially older peers. At least trying a drug, if only once or a few times, has become "normal" in a purely statistical sense. The question is whether or not most secondary students believe that experimentation with drugs is socially acceptable, perhaps even desirable. That is, are illicit drugs, especially marijuana, considered by a majority of students to be similar to alcohol in the sense of being *proscribed* by adult society, yet *prescribed* by the adolescent social milieu in which they happen to live? If this is the case, prevention education has a hard road to travel.

The social climate that supports illicit drug use among youth surely applies even more forcefully to alcohol. Contributions of advertising, promotion, and open consumption by adults and peers provide massive support for drinking. No wonder fewer than one in five 16-year-olds have remained abstinent on a lifetime basis from both alcohol and illicit drugs.

The finding that in the previous six months only a little more than half as many 16-year-olds used marijuana as compared to alcohol (43% vs. 75%) may be in part because the former is an illegal drug regardless of age group. It probably also reflects not-so-subtle distinctions made by parents and others who are relieved because their children were caught drinking beer rather than smoking dope.

Prevention strategies, as well as all other approaches to reducing alcohol and drug use by youth, should be re-assessed in the light of the 10-year findings of this survey, as well as published scientific research on the effectiveness of current approaches to prevention. We must recognize and address in more sophisticated ways the powerful influences that support experimentation and use of alcohol and illicit drugs within both youth and adult cultures. Only a full understanding of these influences and the way they operate will disabuse us of the notion that merely telling youth that using alcohol and drugs is wrong and dangerous to health and well being will have any significant effect on use.

Implications for Intervention Programs

One of the primary recommendations in the 1993 CSS was the need to expand school intervention programs.[25] Two years later, this is even more evident. This 1995 survey has found again that relatively high percentages of students still in school — close to one third by grade 11 — were classified as excessive users of alcohol, high-risk drug users, or both. With 8 out of 10 students reporting use of alcohol in the previous six months and over 4 in 10 marijuana, it is hardly surprising that so many were high-risk or excessive alcohol and drug users.

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[25] Austin & Skager 1996.

Admittedly, not all these students will become alcoholics or other addicts. But substantial numbers of them are in trouble now. Among 11th graders, 22% reported one or more problems related to illicit drug use and 31% related to alcohol. Problem rates rose markedly among weekly users: to 74% among weekly alcohol users and 67% for weekly marijuana users. More specifically, many students have placed themselves at risk of school problems and physical danger because of their substance use.

- *Attending school "high."* The proportion of upper graders who attended school at least once "high" on alcohol or another drug has steadily risen (by about 50%) since 1989, to 23% of 9th graders and 32% of 11th.
- *Perceived harm to schoolwork.* Among 11th graders, 7% reported that their school work was harmed by drinking and 10% by illicit drug use. Among weekly marijuana users, the rate was 30% for illicit drugs; among weekly alcohol users, it was 28% for alcohol.
- *Drinking-driving involvement.* Approximately 26% of 9th graders and 38% of 11th were at risk from drinking and driving, either by themselves or another person.

With lifetime AOD-abstinence rates of less than 1 in 5 by age 16 — and with 11th graders more likely to have been a High Risk User than an Abstainer in the six-months prior to the survey — it is clear that prevention is not enough. We have not as yet been able to find or implement on a large-scale strategies that inoculate children against experimenting with substances later on in their teens. Added to them are the young people on our streets who were squeezed out of school or who simply disappeared from the enrollment rosters.

As a result of the 1993 findings, the current survey asked several new questions about help for ATOD users and abusers available at the respondent's schools. The results reveal a distinct failure to respond to young people.

- Despite the availability of models for intervention, only 10% of students reported that there were support groups at their school for students in trouble with alcohol and drugs.
- Regardless of grade level, less than 15% of the respondents thought it likely that a student who wanted to stop alcohol, drug, or cigarette use could find help at their school. Only slightly more (16 to 18%) reported that there were such programs or services.
- Somewhat more (about 1 in 4) believed that a student might get help from a counselor or teacher, suggesting that some professional staff do try to help. But this positive finding was more than counterbalanced by the more than 50% who believed

that such a student would be transferred or expelled, or who were simply not aware of any help available in their schools.

Recommendations

These findings speak for themselves. We are not doing the job that the realities of the problem demand. Yet, there are models for school-based intervention programs and potential links between school and community agencies that can provide treatment services on a referral basis. These kinds of programs occupy a space between primary prevention and treatment. They include support groups for young children in alcohol and drug-abusing families and student-assistance programs for secondary school students. They also incorporate identification and referral strategies that parallel employee-assistance programs in the workplace. Indeed, school districts are probably more likely to have employee-assistance programs for staff than they are to have the equivalent services for students. The availability of alcohol-, drug-, and tobacco-intervention programs in secondary schools could go far to change the climate of acceptance of substance use by peers that undoubtedly exists in contemporary schools.

In addition, we will reiterate what has been recommended in previous CSS reports. California must: maintain a sustained commitment to prevention; institute more prevention programs in the upper grades; place more emphasis on helping youth avoid use-related harmful behaviors; and provide more information on the drugs that have witnessed the largest increases in use (i.e., marijuana and inhalants). Surely our goal should be to provide our young people with prevention and intervention services that have been found to be effective.

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Appendix A. Supplementary Trend Tables

Table A1. Substance Use, Past Six Months, Grade 7

Substance	1985-86 (%)	1987-88 (%)	1989-90 (%)	1991-92 (%)	1993-94 (%)	1995-96 (%)
Alcohol (Any)	—	—	50.0	53.2	53.1	50.3
Beer	41.1	40.3	36.1	41.1	39.4	37.1
Wine	40.1	38.2	39.7	41.1	41.8	40.3
Wine coolers	—	—	—	35.3	33.6	—
Spirits (Liquor)	20.8	18.4	15.8	19.5	22.0	19.9
Marijuana	9.7	5.8	6.8	7.7	11.1	10.9
Hashish	1.7	1.0	1.0	0.9	1.5	0.8
Amphetamines[a]	2.2	1.3	2.2	2.0	2.9	2.5
Cocaine	2.8	1.8	2.1	2.9	2.8	1.8
Inhalants	17.6	12.6	10.5	12.5	16.5	15.6
LSD	1.4	0.8	1.3	1.5	2.5	2.2
Psychedelics[b]	1.2	0.7	1.1	1.0	1.1	1.0
Barbiturates	1.2	0.8	0.8	1.3	1.4	0.8
Sedatives	1.0	0.9	1.0	1.1	1.1	0.4
Tranquilizers	2.7	2.5	2.5	2.6	2.4	2.0
PCP	1.5	1.7	2.3	2.5	3.5	3.5
Heroin	1.1	1.3	1.0	1.5	1.8	1.6
Other narcotics	1.9	1.3	2.6	2.5	2.9	3.1
Aggregated Categories						
Any AOD use	—	—	—	55.7	56.4	55.5
Alcohol only	—	—	—	35.6	31.9	29.3
Any illicit drug	—	—	18.9	20.2	24.6	26.2
Drug not marijuana[c]	—	—	17.3	17.0	20.5	21.0
Polydrug use[d]	10.8	8.8	10.2	6.4	7.4	8.1
No AOD use	—	—	46.6	44.3	43.6	44.5
Weekly Use[e]						
Alcohol (Any)	—	2.1	3.2	4.4	3.7	3.4
Beer	2.4	1.6	2.1	2.6	2.7	2.3
Wine	—	—	1.6	2.4	1.5	1.1
Spirits (Liquor)	1.2	0.9	0.9	1.4	1.1	1.0
Marijuana	0.9	0.6	0.9	0.9	2.0	1.9

[a] Includes methamphetamines. [b] Other than LSD. [c] Any illicit drug other than marijuana. [d] Use of two or more substances (e.g., alcohol and marijuana; cocaine and heroin) at the same time. [e] Once a week or more often.

Table A2. Substance Use, Past Six Months, Grade 9

Substance	1985-86 (%)	1987-88 (%)	1989-90 (%)	1991-92 (%)	1993-94 (%)	1995-96 (%)
Alcohol	—	—	61.8	67.4	68.6	67.2
Beer	61.0	57.7	48.6	55.0	57.2	54.0
Wine	56.1	52.4	51.8	55.0	57.6	54.8
Wine coolers	—	—	—	48.8	50.5	—
Spirits (Liquor)	43.7	38.9	34.5	37.8	44.6	41.7
Marijuana	32.2	21.6	19.6	19.4	30.4	34.2
Hashish	9.8	3.1	3.3	3.2	5.2	5.3
Amphetamines[a]	10.5	3.9	5.1	3.3	7.5	10.8
Cocaine	9.7	5.3	5.0	3.6	6.1	6.4
Inhalants	16.3	13.2	11.0	11.8	21.5	21.9
LSD	4.1	3.1	2.9	3.8	8.6	9.9
Psychedelics[b]	2.0	0.9	0.8	1.2	3.1	3.7
Barbiturates	4.3	1.9	1.3	1.3	2.3	1.2
Sedatives	3.9	1.9	1.5	1.9	2.5	2.2
Tranquilizers	7.2	5.4	3.8	3.7	6.3	6.7
PCP	3.1	2.6	4.0	3.0	5.4	6.1
Heroin	1.1	0.9	1.3	1.0	2.4	2.9
Other narcotics	5.8	4.9	3.7	4.2	6.6	7.6
Aggregated Categories						
Any AOD use	—	—	—	70.2	71.3	70.4
Alcohol only	—	—	—	40.9	29.8	27.3
Any illicit drug	—	—	27.0	29.3	41.6	43.1
Drug not marijuana[c]	—	—	20.5	20.1	30.1	31.7
Polydrug use[d]	29.0	21.2	20.7	14.1	22.2	24.7
No AOD use	—	—	35.5	29.8	28.7	29.6
Weekly Use[e]						
Alcohol (Any)	—	—	11.1	11.7	14.3	10.8
Beer	11.9	8.5	7.8	8.8	10.2	8.8
Wine	—	—	6.1	4.3	5.5	3.4
Spirits (Liquor)	7.0	4.4	3.4	5.1	6.7	4.8
Marijuana	9.3	4.3	4.5	5.2	9.9	12.3

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[a] Includes methamphetamines. [b] Other than LSD. [c] Any illicit drug other than marijuana. [d] Use of two or more substances (e.g., alcohol and marijuana; cocaine and heroin) at the same time. [e] Once a week or more often.

Table A3. Substance Use, Past Six Months, Grade 11

Substance	1985-86 (%)	1987-88 (%)	1989-90 (%)	1991-92 (%)	1993-94 (%)	1995-96 (%)
Alcohol	—	—	74.8	76.5	74.3	75.3
Beer	69.2	68.3	61.9	66.2	63.3	64.1
Wine	62.0	59.1	60.5	62.0	60.3	60.7
Wine coolers	—	—	—	58.5	53.0	—
Spirits (Liquor)	53.1	52.4	45.6	50.7	51.7	54.6
Marijuana	42.1	32.8	27.6	29.4	40.0	42.8
Hashish	13.1	7.6	5.4	5.7	8.4	8.7
Amphetamines[a]	15.3	10.6	8.4	6.8	10.1	10.4
Cocaine	17.6	11.2	7.4	6.6	4.9	7.2
Inhalants	13.8	10.2	8.8	10.3	13.1	14.7
LSD	6.0	6.4	5.9	8.1	12.2	10.8
Psychedelics[b]	2.5	1.4	1.2	2.4	4.3	6.2
Barbiturates	4.0	2.2	2.9	2.1	1.7	1.5
Sedatives	5.4	3.2	2.7	2.6	3.3	2.1
Tranquilizers	8.1	5.9	6.6	5.6	7.0	5.3
PCP	3.1	3.1	3.2	3.3	3.7	4.1
Heroin	1.2	0.9	1.0	1.3	1.4	2.2
Other narcotics	9.4	7.5	7.1	6.0	7.8	7.7
Aggregated Categories						
Any AOD use	—	—	—	78.2	76.8	77.1
Alcohol only	—	—	—	40.7	30.3	27.8
Any illicit drug	—	—	35.6	37.7	46.5	49.4
Drug not marijuana[c]	—	—	24.0	23.2	28.5	28.0
Polydrug use[d]	39.3	30.5	26.7	21.0	29.3	32.2
No AOD use	—	—	23.2	21.8	23.2	22.9
Weekly Use[e]						
Alcohol (Any)	—	—	19.5	20.4	20.6	19.8
Beer	20.1	19.5	16.1	17.4	17.2	17.2
Wine	—	—	7.5	6.8	6.5	5.2
Spirits (Liquor)	9.6	7.8	5.8	7.4	8.6	9.4
Marijuana	13.4	8.5	6.9	8.3	14.5	16.5

[a] Includes methamphetamines. [b] Other than LSD. [c] Any illicit drug other than marijuana. [d] Use of two or more substances (e.g., alcohol and marijuana; cocaine and heroin) at the same time. [e] Once a week or more often.

Table A4. Frequency of Current (Past Month) Cigarette Use

Frequency	1985-86 (%)	1987-88 (%)	1989-90 (%)	1991-92 (%)	1993-94 (%)	1995-96 (%)
Grade 7						
A few times[a]	11.7	13.0	11.2	13.1	10.2	8.9
More than a few times[b]	—	—	—	3.3	3.7	4.1
Daily	3.8	3.3	5.1	4.4	3.7	2.0
Total any use	15.5	16.3	16.3	17.5	17.7	15.1
Grade 9						
A few times	20.6	16.7	13.7	19.6	14.8	11.5
More than a few times	—	—	—	5.4	6.8	8.4
Daily	13.0	7.4	9.3	6.3	8.6	8.4
Total any use	33.6	24.1	23.0	25.9	30.2	28.2
Grade 11						
A few times	16.5	14.1	11.3	18.8	12.1	12.0
More than a few times	—	—	—	5.3	4.7	7.0
Daily	14.3	12.6	12.5	9.7	12.3	11.6
Total any use	30.8	26.7	23.7	28.5	29.1	30.5

[a] "But not daily." [b] Response category "More than a few times but not daily" added in 1991.

Table A5. Use and Intoxication at Least Once by Age* & Grade Level

	7th graders % by age 11	7th graders % by age 12	9th graders % by age 14	11th graders % by age 16
Any use (trying)				
Alcohol				
1985-86	50.8	57.8	77.6	85.0
1987-88	45.8	54.1	67.9	83.2
1989-90	43.9	50.9	66.7	81.4
1991-92	52.2	59.5	73.8	84.9
1993-94	42.1	48.8	69.9	79.8
1995-96	—	53.8	73.0	83.1
Illicit drugs				
1985-86	6.6	10.7	35.7	51.4
1987-88	5.8	9.0	23.4	42.4
1989-90	6.1	8.0	21.8	35.3
1991-92	7.2	9.8	21.7	35.2
1993-94	12.5	16.1	35.7	46.6
1995-96	—	17.0	40.7	44.1
Any intoxication				
Alcohol				
1985-86	11.7	15.8	47.1	65.2
1987-88	10.0	14.5	37.6	61.5
1989-90	9.5	13.4	34.3	54.7
1991-92	12.7	17.4	35.8	57.3
1993-94	17.5	23.0	46.6	61.8
1995-96	—	21.5	46.2	63.0
Illicit drugs				
1985-86	4.4	8.0	30.3	45.1
1987-88	3.5	6.0	19.9	36.1
1989-90	3.8	6.7	17.5	31.0
1991-92	3.8	5.5	17.8	31.1
1993-94	7.2	10.7	29.9	39.6
1995-96	—	11.8	34.3	45.6

*Cumulative rates.

Table A6. Involvement in Drinking and Driving During Lifetime[a]

Frequency	Grade 7 1989-90 (%)	Grade 7 1991-92 (%)	Grade 7 1993-94 (%)	Grade 7 1995-96 (%)	Grade 9 1989-90 (%)	Grade 9 1991-92 (%)	Grade 9 1993-94 (%)	Grade 9 1995-96 (%)	Grade 11 1989-90 (%)	Grade 11 1991-92 (%)	Grade 11 1993-94 (%)	Grade 11 1995-96 (%)
Once or twice	16.7	28.2	23.1	24.3	13.9	15.7	14.9	14.9	21.1	22.7	20.8	20.1
Three to six times	2.4	5.1	6.3	4.2	4.3	3.8	5.7	4.0	6.4	6.7	7.6	7.1
More than six times	3.9	11.7	10.4	8.4	4.5	5.1	7.8	7.0	7.5	9.4	12.2	10.4
Total ever	23.0	45.0	39.8	36.8	22.7	24.6	28.3	25.9	35.0	38.8	40.6	37.5

[a] The grade 7 version of this item asks "Ever been in a car with someone who was drinking and driving?" The grades 9-11 version asks "Ever driven a car when you were drinking?" or "Been in a car when a friend was drinking and driving?"

Table A7. Ever "High" at School on Alcohol or Another Drug

Frequency	Grade 7 1989-90 (%)	Grade 7 1991-92 (%)	Grade 7 1993-94 (%)	Grade 7 1995-96 (%)	Grade 9 1989-90 (%)	Grade 9 1991-92 (%)	Grade 9 1993-94 (%)	Grade 9 1995-96 (%)	Grade 11 1989-90 (%)	Grade 11 1991-92 (%)	Grade 11 1993-94 (%)	Grade 11 1995-96 (%)
Once or twice	3.3	4.3	4.8	6.6	8.5	10.0	12.1	12.1	10.6	14.2	14.8	13.3
Three to six times	0.5	0.7	0.8	0.6	1.7	2.3	3.3	4.9	3.8	3.3	4.5	5.1
More than six times	0.4	0.7	0.9	0.3	3.3	2.3	4.8	6.3	7.3	7.3	10.6	13.8
Total	4.2	5.7	6.5	7.6	13.5	14.6	20.2	23.3	21.7	24.8	29.9	32.1

Table A8. Reasons for Using Alcohol or Other Drugs

Reason	Grade 7			Grade 9						Grade 11					
	1991-92 (%)	1993-94 (%)	1995-96 (%)	1985-86 (%)	1987-88 (%)	1989-90 (%)	1991-92 (%)	1993-94 (%)	1995-96 (%)	1985-86 (%)	1987-88 (%)	1989-90 (%)	1991-92 (%)	1993-94 (%)	1995-96 (%)
Get away from problems	52.3	40.1	42.3	51.3	52.0	52.7	53.6	45.7	45.1	52.6	55.3	51.5	55.1	46.1	47.7
See what it's like	49.4	39.9	46.9	48.5	52.0	46.3	52.5	48.1	54.2	50.1	55.2	46.3	58.3	53.7	57.6
Because friends use	51.3	44.7	51.6	49.4	60.5	53.0	53.4	46.5	50.2	50.3	63.6	54.6	58.5	49.9	54.4
Have fun[a]	34.6	27.1	33.5	49.2	45.9	43.7	48.9	45.9	52.7	55.2	54.4	60.2	64.7	60.6	62.0
Bored, nothing to do	21.5	13.3	17.4	20.5	25.4	18.6	24.1	23.4	25.8	26.8	33.7	26.3	31.4	31.3	31.4

[a] Wording changed from "feel good" in 1987-88 to "have fun" in 1989-90.

Table A9. Knowledge of Some Regular AOD Use by Adults

Substance	Grade 9						Grade 11					
	1985-86 (%)	1987-88 (%)	1989-90 (%)	1991-92* (%)	1993-94* (%)	1995-96* (%)	1985-86 (%)	1985-86 (%)	1987-88 (%)	1991-92* (%)	1993-94* (%)	1995-96* (%)
Alcohol	89.5	88.3	87.6	86.1	—	—	92.9	92.3	89.9	88.4	—	—
Marijuana/hash	50.9	46.1	40.7	31.7	42.5	43.4	60.8	56.3	48.7	39.5	48.7	52.9
Cocaine or crack	30.5	28.2	25.6	15.7	23.1	21.4	40.4	38.1	32.3	19.2	21.2	24.2
Amphet/meth	—	—	—	10.9	19.5	20.2	—	—	—	13.5	21.6	24.4

*Asked about regular use, as opposed to any use in the previous surveys.

Table A10. Perceptions of Where Most Student Drug Users Get Drugs

Source	Grade 7 1985 -86 (%)	Grade 7 1987 -88 (%)	Grade 7 1989-90 (%)	Grade 7 1991 -92 (%)	Grade 7 1993 -94 (%)	Grade 7 1995-96 (%)	Grade 9 1985 -86 (%)	Grade 9 1987-88 (%)	Grade 9 1989-90 (%)	Grade 9 1991-92 (%)	Grade 9 1993-94 (%)	Grade 9 1995-96 (%)	Grade 11 1985 -86 (%)	Grade 11 1987 -88 (%)	Grade 11 1989 -90 (%)	Grade 11 1991 -92 (%)	Grade 11 1993 -94 (%)	Grade 11 1995 -96 (%)
Home	4.8	3.3	10.2	14.3	9.1	11.5	7.1	12.3	10.0	11.5	14.8	16.0	6.9	16.0	11.3	13.1	17.8	17.3
Other fam.	—	—	—	7.6	6.4	7.0	—	10.3	6.4	7.4	12.3	12.0	—	14.7	8.1	11.6	15.1	15.3
School	16.1	12.2	22.6	22.4	24.1	22.3	33.3	42.2	33.4	35.4	49.5	48.4	40.1	53.1	40.2	44.0	52.4	56.0
Parties*	11.6	8.5	19.0	31.8	24.4	22.8	26.9	46.6	36.7	41.4	43.4	42.9	33.2	59.1	47.7	53.4	52.8	52.2
Friends*	17.7	14.3	21.0	28.7	25.9	27.1	26.9	46.0	35.9	41.4	42.2	47.6	32.2	60.1	51.0	54.5	54.2	58.2
Dealers	7.2	6.5	15.5	21.2	14.0	13.3	14.2	27.8	25.4	27.9	24.6	28.5	20.9	42.2	34.8	38.8	30.4	35.3
Don't know	48.9	55.2	52.7	48.5	47.6	51.5	30.4	40.2	39.2	39.0	29.5	27.2	27.0	33.4	31.3	30.5	26.3	21.5

* Outside school.

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Table A11. Perceived Harm of Frequent Use of Alcohol, Illicit Drugs, and Cigarettes

Harmful ratings	Alcohol Grade 7	Grade 9	Grade 11	Marijuana/Drugs[a] Grade 7	Grade 9	Grade 11	Cigarettes Grade 7	Grade 9	Grade 11
Extremely									
1985-86	37.9	33.5	44.0	71.9	53.4	51.7	—	—	—
1987-88	40.9	36.6	42.2	76.0	63.9	60.4	—	—	—
1989-90	46.7	41.4	48.0	76.9	67.8	66.4	—	—	—
1991-92	49.6	43.5	49.5	80.1	62.9	56.4	—	—	—
1993-94	57.7	54.3	63.1	78.4	61.9	59.4	55.5	50.5	59.0
1995-96	35.3	28.4	36.4	80.6	64.1	66.0	42.8	32.4	41.6
Harmless[b]									
1985-86	9.7	11.6	7.6	4.5	7.3	6.5	—	—	—
1987-88	7.7	8.2	5.7	4.0	4.7	4.6	—	—	—
1989-90	8.1	9.1	6.3	4.8	6.1	4.6	—	—	—
1991-92	5.7	6.8	5.8	3.4	6.1	7.3	—	—	—
1993-94	4.4	6.3	4.6	2.9	8.0	9.5	5.0	4.5	3.2
1995-96	10.2	12.4	7.1	4.0	5.9	5.7	5.6	7.7	4.6

[a] Frequent means "Daily or Almost Daily." Years 1985-1993 asked about perceived harm of marijuana use only; in 1995, the item was changed to "other drugs" (marijuana, cocaine, etc.), which may account for the rise in perceptions of extreme harm.

[b] Derived by combining the percentage of respondents who selected the "Mainly harmless" and "Harmless."

Table A12. Sources of AOD Knowledge

Grade 7

	1985-86		1989-90		1991-92		1993-94	1995-96
Source	Alcohol (%)	Drugs (%)	Alcohol (%)	Drugs (%)	Alcohol (%)	Drugs (%)	AOD (%)	AOD (%)
Friends	—	31.6	18.8	18.6	29.9	26.5	31.8	38.6
Parents	—	38.5	44.4	36.9	52.7	45.7	39.8	45.9
School classes	—	65.6	56.0	62.9	65.7	72.1	60.6	65.3
Own experience	—	14.0	10.3	6.5	13.7	8.2	13.6	16.1
Siblings	—	—	7.7	7.3	16.4	13.7	11.7	16.1
Movies/TV	—	—	37.8	38.3	48.1	50.2	32.2	37.9

Grade 9

	1985-86		1989-90		1991-92		1993-94	1995-96
Source	Alcohol (%)	Drugs (%)	Alcohol (%)	Drugs (%)	Alcohol (%)	Drugs (%)	AOD (%)	AOD (%)
Friends	—	58.6	40.8	37.1	45.3	40.8	50.9	57.6
Parents	—	29.4	45.9	34.9	49.7	40.8	38.0	37.1
School classes	—	54.2	55.2	64.0	61.8	69.5	56.7	57.7
Own experience	—	23.5	24.3	12.5	26.6	14.4	25.4	27.2
Siblings	—	—	15.5	13.9	17.7	15.2	16.9	17.0
Movies/TV	—	—	41.6	45.3	44.3	47.7	34.3	35.9

Grade 11

	1985-86		1989-90		1991-92		1993-94	1995-96
Source	Alcohol (%)	Drugs (%)	Alcohol (%)	Drugs (%)	Alcohol (%)	Drugs (%)	AOD (%)	AOD (%)
Friends	—	65.6	50.6	47.7	56.8	53.7	59.2	64.9
Parents	—	29.2	43.9	29.1	45.7	33.4	36.3	38.5
School classes	—	58.5	56.7	64.1	57.4	66.7	54.5	55.4
Own experience	—	37.5	36.9	21.4	42.8	22.3	38.6	41.1
Siblings	—	—	17.1	13.3	18.7	15.1	19.5	18.4
Movies/TV	—	—	40.1	43.6	42.3	46.9	34.2	39.3

Table A13. Effects of AOD Education in Grades 7,9, and 11

	Grade												
	7th	9th						11th					
Effect	1995-96 (%)	1985-86 (%)	1987-88 (%)	1989-90 (%)	1991-92 (%)	1993-94 (%)	1995-96 (%)	1985-86 (%)	1987-88 (%)	1989-90 (%)	1991-92 (%)	1993-94 (%)	1995-96 (%)
Never had classes/programs	15.6	—	—	11.8	13.9	20.9	10.6	—	—	9.5	10.9	14.8	19.9
Avoid/reduce alcohol use	47.8	36.9	46.6	45.3	40.6	34.2	32.6	36.5	46.9	44.5	40.0	31.2	29.0
Avoid/reduce other drug use	43.7	29.0	46.0	45.7	39.0	30.1	31.5	33.0	45.5	44.6	40.7	29.3	28.9
Resist pressure from others	28.8	32.1	36.7	35.8	30.7	25.0	23.1	34.8	36.4	34.5	31.5	21.4	20.5
Learned alcohol/drugs harmful	40.3	—	55.8	59.9	46.4	34.7	35.7	—	63.1	62.5	54.5	39.9	39.0
Helped deal with feelings	15.0	—	22.5	23.4	18.0	10.5	9.8	—	20.6	20.6	18.6	10.9	9.5
Helped seek treatment/counseling	4.5	—	24.1	—	6.7	2.9	1.9	—	20.8	—	5.6	2.6	1.5
Helped me talk with parents	6.5	—	17.3	17.0	8.7	4.4	4.4	—	14.0	13.8	7.8	4.3	3.8
Not affected me, learned nothing	5.4	—	9.2	8.0	7.9	7.1	12.3	—	9.7	7.6	10.9	10.6	16.4
Already decided not to use or drink	23.3	32.4	40.9	39.8	35.2	20.9	23.1	31.2	40.1	38.4	34.0	24.9	24.8

Appendix B. The Effect of Active Consent on Response Rates

This appendix explores in more detail data on the effects on the 1995 CSS sample of the shift to active consent, especially relationships between the characteristics of students enrolled in participating schools and the survey response rates. The conclusions drawn as a result of these analyses were summarized in Section I of the main report.

A major issue facing all researchers on adolescent behavior today is the need to obtain parental consent.[26] No survey of student behavior can be conducted without obtaining the consent of a parent or guardian, unless the youth is at least 18 years old or otherwise emancipated. Parents or guardians must be provided information on the purpose, content, and method of a proposed survey and given the opportunity to withhold their child's participation if they object. Depending on the type of research being conducted, two difference procedures have traditionally been used, generally labeled "passive" or "implied," and "active" or written consent.

- In "passive" consent procedures, parents/guardians inform the school verbally or in writing (by returning a form) only if they *don't want* their children to participate in a study. Without this notification, it is assumed or implied that the child has their permission.
- In "active" consent procedures, parents must confirm in writing that they consent, usually by signing and returning a form indicating whether they do or do not want their child to participate in the survey. If a form is not returned, it must be assumed that parental permission is not granted. In some cases, verbal consent is permitted if audio-recorded.

Active-consent procedures have always been required for drug surveys that were not anonymous. With pending federal legislation fueling the debate, many schools, parents, research review committees, and legislatures are now demanding that active consent be used even in voluntary, anonymous surveys.[27] Critics argue that passive consent does not fully recognize parent/guardian rights because there is no guarantee that the information about the research was received or that sufficient opportunity to refuse participation was provided. In the absence of proof that notices are received and understood, these critics question the underlying assumption that parents who fail to send in a refusal form consciously decided that their child should participate in the research. Although active-consent procedures increase the labor and cost of a survey, they argue this is a price that has to be paid.[28]

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[26] Esbensen et al., 1996.

In contrast, the application of active-consent procedures to anonymous, voluntary surveys with rigorous data safeguards and minimal risks to students has been criticized for jeopardizing access to essential information by imposing overly rigid, stringent, and costly consent procedures. Under these conditions, it is argued, active consent goes beyond protecting parents to shielding them from information that they need to know in order to conduct effectively the war on drugs.[29] Active-consent critics raise a number of specific objections:

- Carefully designed passive methods can ensure that parents receive the consent materials, pay attention to them, and have sufficient time to refuse participation.
- Because parents rarely withhold consent in surveys, especially when they are anonymous, failure to return a signed active consent form is more likely to reflect apathy or inertia than objection to the research.
- The consent form with the parent and child's name may in fact increase the risk to the respondent in an anonymous survey, by virtue of being the one link identifying the youth who participated. Under these conditions, parents may prefer no written record.

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[27] The Pupil Protection Rights Amendments of 1994 to the Goals 2000: Educate America Act requires that any school using US Department of Education funds to conduct a survey must obtain written consent if collection information on (a) political affiliations, (b) mental and psychological problems, (c) sex behavior and attitudes, (d) illegal, antisocial, self-incriminating and demeaning behavior, (e) critical appraisals of other individuals with whom the student has close family relationships; (f) legally privileged relationships; and (g) religious beliefs or practices (see *Federal Register*, August 28, 1995). Moreover, pending legislation in Congress, the Family Privacy Protection Act, would apply these requirements to all federally funded surveys of youth under age 18 unless emancipated. The legislation, passed overwhelmingly by the House of Representatives on April 4, 1995, is now waiting for consideration by the Senate. The legislation reads: "Notwithstanding any other provision of law and subject to section 6, in conducting a program or activity funded in whole or in part by the Federal Government a person may not without the prior written consent of at least one parent or guardian of a minor or, in the case of an emancipated minor, the prior consent of the minor, require or otherwise seek the response of the minor to a survey or questionnaire which is intended to elicit, or has the effect of eliciting information concerning any of the following seven areas.

[28] Grassley, 1996.

[29] Wren, 1996.

- Active consent procedures have resulted in a pronounced drop in participation, often to 50-60% or lower, thus undermining the validity of the results.
- Those youth who are excluded from such surveys have included disproportionate numbers of minority and high-risk youth. This results in incomplete, inaccurate, and biased data.[30]

Because of the growing concerns expressed by parents, legislatures, and schools, the state agencies sponsoring the CSS decided to switch to active-consent procedures in 1995. (Several schools had expressed unwillingness to participate if active consent were not adopted, although other schools were opposed to it.) The consent forms were sent home with the students; classroom teachers monitored their return and identified which students had permission to participate to the survey staff. In order to encourage a high return rate, the school was given a $1.00 incentive for every form returned, whether or not consent was granted.

Despite these efforts, our experience confirmed previous research in showing a pronounced drop in the response rate, wide variations across schools, and evidence that active consent may result in biased samples.

Overall Response Rates

Response rate is defined as the percentage of students in the intended sample who were actually surveyed. Table B-1 shows that 68% of the students in the 1995 CSS sample returned the consent forms (the form-return rate) and that the final student response rate was 57%.

Table B-1
Active Consent Form Return Rates and Sample Response Rates, 1995 California Student Survey

	(%)
Students returning consent forms	68
Students returning consent form marked "Yes"	62
Students returning "Yes" forms who were surveyed	92
Final response rate	57

This response rate is consistent with most previous drug surveys using active parental consent, and represents a noticeable decline in the overall response rate compared to previous years. As is illustrated in Table B-2, in the 1991 survey, 75% of the schools had an 80% or greater student response rate, compared to 24% of schools in 1993 and only 9% of schools in 1995. Percentages of schools with a 50% or greater student response rate and a 30% or fewer response rate also reflect the fact that a significant drop in student response rates began in 1993 and continued in the current survey.[31]

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[30] Anderman et al., 1995; Dent et al., 1993; Ellickson & Hawes, 1989; Kearney et al., 1983; Lueptow et al., 1977; Severson & Ary, 1983; Severson & Biglan, 1989; Thompson, 1984; Wren, 1996; Wicker, 1968.

Table B-2
Variations in Student Response Rates and Model Rates, Since 1991

Survey Year	30% or less	50% or more	80% or more
1991	2.5	95	75
1993	6	85	24
1995	13	67	9

Interpreting the meaning of the decline in 1993 is not easy. A possible explanation is the change in survey administration procedures that occurred. Prior to that year, school staff selected the student sample and administered the survey; since 1993 an outside contractor has performed those duties.[32] The 1990s have also been a period of growing resistance among schools to participation in outside surveys. Nevertheless the low return rate of active-consent forms in 1995 directly contributed to the disappointing low response rate. The problem was not one of high rates of parent disapproval. As Table B-1 shows, 68% of the targeted students returned consent forms, with 91% of parents approving their child's participation. Only 6% of parents marked "no." Overall, 83% of the students whose parents returned a consent were surveyed (and 92% of those whose parents had approved). This produced an overall sample loss of 38% (32% non-returns plus 6% negative returns).

These data support previous research indicating that the great majority of parents support the need to monitor and understand adolescent alcohol and drug use behavior. The challenge in active-consent procedures is thus not that parents refuse but that a large proportion of consent forms are never returned. Obtaining a high form-return rate is absolutely critical. Any form not returned must be treated as a negative response; that is, the child cannot take the survey.

The school site played an essential role in securing compliance in this survey, as well as any active-consent survey in general. Site coordinators were asked to help motivate classroom teachers, who distributed the consent forms to students, by stressing the importance of the survey and checking that the forms had been distributed to students and reminders sent out to parents. When these and related activities were not carried out properly, the response rate suffered for the school as a whole.

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[31] Reasons for the drop-off in response rate for the 1933 survey are discussed in the full report.

[32] In the past, under the passive consent policy, letters from the principal were sent home to parents explaining the survey and offering an opportunity to decline participation. Only a handful, certainly less than 1% of the sample, ever chose to do so.

Anecdotal staff reports indicated a wide variation in the cooperation experienced across schools and classrooms. Teachers varied significantly in their willingness or opportunity to implement the consent procedures. In support of this, there were wide variations in response rates among schools and even among classrooms within schools. Figure B-1 illustrates the range of response rates within each school between the highest and lowest rates by classrooms. For example, in four schools, 100% of the targeted students were assessed; while in three schools, 10% or less of the students were assessed. The low response rate appears to be directly related to the consent requirement; there were so many schools in the current survey with response rates below 50% — 33% of the school sample compared to 15% in 1993. Moreover, we found that in almost 25% of the schools there was a difference in response rates between the two participating classrooms of 40% *or more,* presumably reflecting variation in teacher cooperation.

Correlates of School Response Rates

What kind of sampling bias, if any, was introduced by the loss of 38% of the targeted students? Does the 1995 sample differ in any consistent way from previous samples that render the results less representative and not comparable with previous results? To shed light on this important question, we compared the gender and ethnicity of current and previous samples, and then analyzed the correlation between response rates at each school and the school characteristics data provided in the California Basic Education Database System (CBEDS). As shown in Table B-3, scores were obtained for each participating school for each of the following nine characteristics relating to school size, ethnicity and language, socioeconomic status, and graduation/college plans.[33]

- Total School Enrollment.
- Percent African-American, White, Asian, and Hispanic.
- Percent Limited English-proficiency (LEP).
- Percent receiving free or limited-cost meals and receiving Aid to Families with Dependent Children (AFDC).
- Number of graduates divided by number of 12th graders; and proportion of graduates taking college preparation courses.

Gender. Under passive-consent procedures, there has always been about equal proportions of males and females in the CSS, reflecting the even gender split in school enrollment. Consistent with other active-consent research (e.g., Dent et al. 1993), females were overrepresented in the 1995 CSS (54-55% vs. 45-46%, depending on grade). This strongly suggests that female students tend to be more compliant than males when active consent procedures are used. However, as we noted in the main report, this effect was adjusted for by weighting the data.

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[33] CBEDS information is compiled and distributed by the California Department of Education.

Ethnicity. Although previous research suggested that active-consent procedures result in an underrepresentation of minorities, we did not find strong evidence to support this. The ethnic composition of the 1995 CSS sample was very similar to that of previous years. Compared to 1993, the proportions of Asians and African-Americans varied only slightly and in inconsistent directions across grades. The proportion of Whites was four points higher in grade 7, but only one-to-two points higher in grades 9 and 11. The proportion of Hispanics declined slightly, probably because of the rise in the proportion identifying themselves as of mixed ethnicity.

The percent of African-Americans, Whites, or Hispanics enrolled in a school did not significantly correlate with overall school response rates. The percent of African-Americans came close to significance for grades 7 and 9 in a negative direction (i.e., a high proportion of African-Americans was related to a lower response rate). Only the percent of Asian enrollment was significantly related to the response rate, in a positive direction in grades 9 and 11. The percent of school enrollment that was Limited English Proficient did not correlate with response rates.

Socioeconomic Indicators. Poverty and variables relating to poverty were negatively related to the percentage of students participating in the survey. The percentage of students from families receiving AFDC was significantly related to response rate for each of the three grade levels. The percentage of students receiving free or reduced-cost meals was significantly related for 7th grade only, as would be expected because school food programs for poor students usually serve the lower grades.

Educational-attainment Indicators. The percent of 12th-grade students graduating was positively related to response rate for grades 9 and 11. Likewise, the percent taking college preparation classes also correlated positively at grade 11, the grade level assessed in this survey where such courses are most likely to be offered. These variables all reflect socioeconomic status, the poverty measures correlating negatively and the education measures positively.

Table B-3
Relationships Between School Characteristics (CBEDS) and School-Level Response, 1995 CSS (Grades 7, 9, and 11)*[34]

Variable	7th Grade	9th Grade	11th Grade
Total School Enrollment	.06 (p=.67)	.16 (p=.21)	.26 (p=.045)
% Asian	.33 (p=.016)	.17 (p=.20)	.29 (p=.045)
% African-American	-.23 (p=.09)	-.25 (p=.06)	.14 (p=.27)
% Hispanic	-.08 (p=.54)	.01 (p=.97)	-.03 (p=.79)
% White	.13 (p=.34)	.08 (p=.53)	.12 (p=.37)
% LEP	.14 (p=.3)	.03 (p=.83)	-.11 (p=.39)
% Free Meals	-.41 (p=.002)	-.19 (p=.14)	-.19 (p=.14)
% AFDC	-.40 (p=.003)	-.34 (p=.009)	-.34 (p=.008)
% Graduates	—	.32 (p=.015)	.31 (p=.014)
% College Prep Courses	--	.15 (p=.27)	.27 (p=.038)

*School level data from California Basic Educational Database System.

Discussion

Our findings are consistent with previous research in showing lowered overall response rates, marked variation in rates across schools and classrooms, high approval among those who did return consent forms, and a gender bias in the sample in favor of females. In contrast to other research, minority status did not strongly correlate with lower response rates. There was some suggestion in the CSS that higher African-American enrollment may be associated with lower rates, but this was not strong or consistent across grades. The only ethnicity correlation that was significant indicated higher compliance among Asians. Overall, it would appear that an ethnicity bias was not introduced into the survey.[35]

In short, the measures that predicted school response rates were those directly reflecting socioeconomic status and related educational attainment. The parental consent policy introduced a bias through loss of economically disadvantaged students. This bias may, in turn, partly explain the overall drop in the percentages of African-American and Hispanic participants.

We can only speculate as to the implication of this bias. There is no evidence that parents at the low end of the educational and economic continuum were

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[34] The number of schools on which the correlation coefficients were based was 54 for 7th, 59 for 9th, and 61 for 11th grades.

[35] In this regard, it should be noted that Anderman et al. (1995) found no significant differences in alcohol or illicit drug use between the two consent groups in their study even though the written consent sample was more likely to be White. Prevalence rates for various illicit drugs was consistently lower for the written-consent group.

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less likely to approve of participation. However, they appear to be less likely to return consent forms, or overtaxed school staff in schools attended by these students may be less vigilant in implementing the consent procedures. We appreciate the many stress factors confronting parents of poor families and staff in schools serving poor communities. However, it is our responsibility to identify problems which may have affected the quality of the sample. Cooperation by schools and parents will always be essential in large-scale student surveys, even when the administration of the survey is conducted by outsiders. An active parental consent policy significantly increases the level of effort required from schools and parents. In doing so, it may introduce bias into any sample in which schools differ significantly in the percentage of students coming from disadvantaged families.

Implications of the Socioeconomic Bias

Given such changes in the sample, does the bias affect how the survey results are to be interpreted? The answer is either "yes" or "no," depending on the kinds of interpretations made. The precise effect of the low SES bias on generalizability to the state as a whole or comparability with prior survey results is unclear. College attendance plans have been shown to be correlated with lower rates of illicit drug use and heavy alcohol consumption.[36] However, there is evidence from the 1993 survey, with passive-consent procedures, that economically disadvantaged students also may have been underrepresented.

A legitimate interpretation is to regard results for the current sample as a new benchmark appropriate for a statewide population of students assessed under an active parental consent policy. It seems likely, at least at this point in time, that active parental consent will be mandated policy for the foreseeable future. The current survey results will be compared to later surveys conducted under the same consent policy. It must be understood that it is impossible to separate the changes in the composition of the statewide sample between 1993 and 1995 from changes (or stability) on the measures assessed. *Differences between current and previous results cannot be interpreted as revealing changes from the earlier, passive consent surveys. It is equally inappropriate to conclude that similarities between current and past results means that change has not occurred.*

A sample biased in the direction of fewer disadvantaged students does at least provides us with an opportunity to refute the widely held misconception that it is mainly economical disadvantaged minority youth who use alcohol and other drugs. "They" are the real problem, in other words. The results of the current survey should disabuse many readers of that notion. This is an important sample for that reason alone, even though it is not the sample we would have preferred to obtain.

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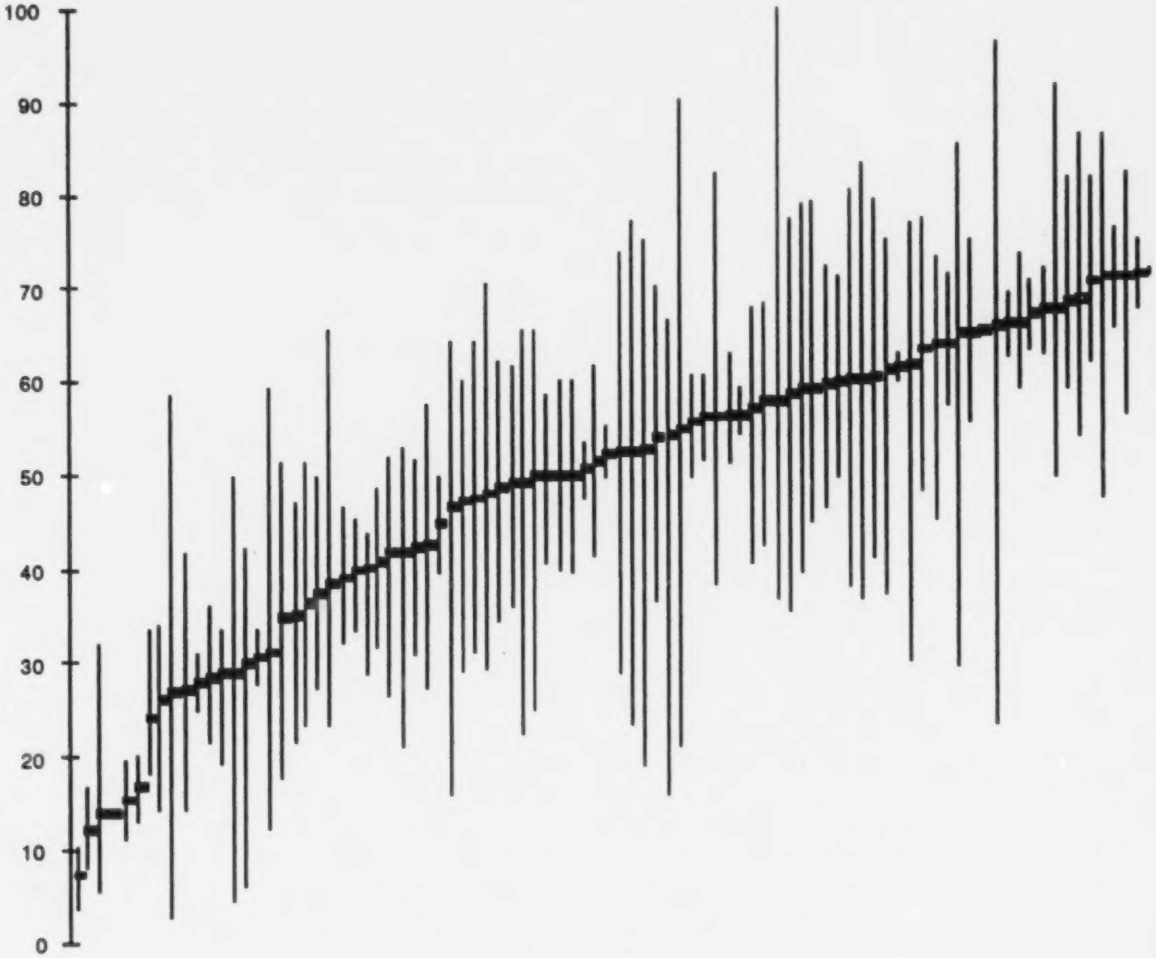
[36] Johnston et al., 1994.

Conclusion and Recommendations

Based on our experience, it is clear that schools undertaking surveys with active consent procedures need to devote very careful attention to obtaining high form-return rates. Whatever role the characteristics of schools and students played in the variations in rates, a major factor was the role of the classroom teacher and environment. This points to the need to better motivate and monitor schools and classrooms. Teachers are the linchpins of the effort. It is critically important that they are motivated to become directly involved, that they understand the importance of the survey and the consent procedures, and that they give their maximum support and cooperation. Two specific actions may also improve the return rates:

- ***Greater Lead Time and Planning.*** Survey planning should begin early so that schools have plenty of time to arrange for obtaining consent. The consent process may run more smoothly and be more successful if done at the beginning of the school year as part of the regular school registration process, or in conjunction with some other mailing that will attract parent attention.
- ***Phone Follow-up.*** If feasible, we suggest that schools follow up the printed materials with phone calls to those parents who have not responded.

Figure B-1
CSS95 School Response Rates with Highest and Lowest Class Rates



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Appendix C

1995-96 California Student Survey of Substance Use And Other Behaviors

Grades 9 and 11

- **This is a survey of what you know about the use of alcohol and other drugs. It also asks about other related behaviors.**
- ***Do not write your name on this form or the answer sheet. Do not identify yourself in any other way*. Please mark all of your answers on the answer sheet.**
- **This survey is voluntary. You do not have to complete this survey, but we hope that you will decide to do so. If you have decided to participate, please answer the following questions.**

FOR THIS SURVEY

- **"ALCOHOL" REFERS TO BEER, WINE, WINE COOLERS, OR LIQUOR (DISTILLED SPIRITS).**

  ONE DRINK MEANS ONE REGULAR SIZE CAN/BOTTLE OF BEER OR WINE COOLER, ONE GLASS OF WINE, ONE MIXED DRINK, OR ONE SHORT GLASS OF LIQUOR

- **"CIGARETTES" REFERS TO TOBACCO CIGARETTES. QUESTIONS ABOUT USE OF "DRUGS" OR "SUBSTANCES" DO NOT MEAN TOBACCO.**

- **"DRUG" MEANS *ANY* SUBSTANCES OTHER THAN ALCOHOL, STEROIDS, OR TOBACCO.**

- **MARK *ONLY ONE ANSWER*, UNLESS TOLD TO "MARK ALL THAT APPLY."**

These first questions you will fill out at the top of the answer sheet:

Name of your school: ______________________________

Your school grade level (check one): 9th _____ 10th _____ 11th _____ 12th ___

Sex (check one): Male _____ Female _____

Age (in years) _____

Which racial or ethnic group do you primarily identify with?
(Mark only one letter on the answer sheet.)

- American Indian or Native American .... (A)
- Asian or Pacific Islander American .... (B)
  (for example, of Chinese, Filipino, Japanese, Korean Cambodian, Vietnamese, Laotian, or Samoan descent)
- Black or African American (non-Hispanic) .... (C)
- Hispanic or Latin American: .... (D)
  (for example, of Mexican, South American, Central American, Cuban, or Puerto Rican descent)
- White (Caucasian/non-Hispanic) .... (E)
- Mixed Race or Ethnicity .... (F)
  (More than one of the following ethnic groups: American Indian, Asian/Pacific Islander, Black, Hispanic, or White)
- Other .... (G)

For questions 1-17, please mark only one answer on the answer sheet for *each* question.

How often did you use these kinds of substances without a doctor's orders *in the last six months*?

	Never	Once or twice	A few times	Once a month	Once a week	Few times a week	Once a day	More than once a day
1. **Beer**	A	B	C	D	E	F	G	H
2. **Wine** (including wine coolers)	A	B	C	D	E	F	G	H
3. **Liquor** (whiskey, vodka, gin, etc.)	A	B	C	D	E	F	G	H
4. **Marijuana** (grass, pot, weed, sins, bud, etc.)	A	B	C	D	E	F	G	H
5. **Hashish** (hash, hash oil, etc.)	A	B	C	D	E	F	G	H
6. **Methamphetamines or Amphetamines** (crank, meth, speed, crystal, ice, bennies, black beauties, etc.)	A	B	C	D	E	F	G	H
7. **Cocaine** (coke, crack, rock, base, snort, snow, flake)	A	B	C	D	E	F	G	H
8. **LSD** (acid, windowpane, blotter)	A	B	C	D	E	F	G	H
9. **Metabene** (rollers, wagon wheels)	A	B	C	D	E	F	G	H
10. **Other psychedelics** (mescaline, peyote, psilocybin, MDMA, ecstasy, adam, EXTC)	A	B	C	D	E	F	G	H
11. **Barbiturates** (barbs, reds, yellows, Nembutal, Seconal, Amytal)	A	B	C	D	E	F	G	H

	Never	Once or twice	A few times	Once a month	Once a week	Few times a week	Once a day	More than once a day
12. **Sedatives** (Quaaludes, ludes, sopers, Doriden)	A	B	C	D	E	F	G	H
13. **Tranquilizers** (Valium, Librium, Xanax, Thorazine, Miltown, etc.)	A	B	C	D	E	F	G	H
14. **Inhalants** (sniffing glue, paint, butane, gasoline, amyl or butyl nitrate, rush, poppers, laughing gas)	A	B	C	D	E	F	G	H
15. **PCP** (angel dust, juice, wack, sherm, super cool)	A	B	C	D	E	F	G	H
16. **Heroin** (smack, tar, china white, goma, brown)	A	B	C	D	E	F	G	H
17. **Other narcotics** (codeine, morphine, opium, Demerol, Percodan)	A	B	C	D	E	F	G	H

PLEASE MAKE SURE YOU ARE NOW ON #18 ON THE ANSWER SHEET.

18. In the *last six months*, how often did you use *more than one* substance on the *same occasion*? For example, you used alcohol with marijuana, or cocaine with pills.

(A) Never, I have not used more than one substance on the same occasion
(B) Once or twice
(C) 3 to 6 times
(D) 7 to 10 times
(E) More than 10 times

In your lifetime, have you ever used or tried any of the following substances?

		No	Yes
19.	**Tobacco cigarettes**	(A)	(B)
20.	**Smokeless tobacco** (chew or snuff such as Redman, Skoal, or Copenhagen)	(A)	(B)
21.	**Alcohol** (beer, wine, wine coolers, or liquor)	(A)	(B)
22.	**Inhalants** (sniffing glue, paint, butane, gasoline, amyl or butyl nitrate, rush, poppers, laughing gas)	(A)	(B)
23.	**Marijuana** (grass, pot, weed, sins, buds)	(A)	(B)
24.	**Cocaine or crack**	(A)	(B)
25.	**Methamphetamines or amphetamines** (meth, speed, crank)	(A)	(B)
26.	**Psychedelics** (LSD, mescaline, psilocybin, ecstasy)	(A)	(B)
27.	**Any other drug**	(A)	(B)

28. Have you *ever* used crack (freebase, rock, rush, supercoke, or gravel)?

(A) No, never
(B) Once or twice
(C) 3 to 6 times
(D) 7 to 10 times
(E) More than 10 times

During the last 30 days, have you used any of the following substances?

		No	Yes
29.	**Tobacco cigarettes**	(A)	(B)
30.	**Smokeless tobacco** (chew or snuff such as Redman, Skoal, or Copenhagen)	(A)	(B)
31.	**Alcohol** (beer, wine, wine coolers, or liquor)	(A)	(B)
32.	**Inhalants** (sniffing glue, paint, butane, gasoline, amyl or butyl nitrates, rush, poppers, laughing gas)	(A)	(B)
33.	**Marijuana** (grass, pot, weed, sins, buds)	(A)	(B)
34.	**Cocaine or crack**	(A)	(B)
35.	**Methamphetamines or amphetamines** (meth, speed, crank)	(A)	(B)
36.	**Psychedelics** (LSD, mescaline, psilocybin, ecstasy)	(A)	(B)
37.	**Any other drug**	(A)	(B)

38. In the *last month,* how often have you smoked tobacco cigarettes?

(A) Never, I didn't smoke cigarettes
(B) Once to a few times
(C) More than a few times but not every day
(D) About 1 or 2 cigarettes a day
(E) About 3 to 6 cigarettes a day
(F) About 7 to 10 cigarettes a day (up to half a pack)
(G) About 11 to 20 cigarettes a day (up to a pack)
(H) More than 20 cigarettes a day (more than a pack)

THE NEXT THREE QUESTIONS ASK ABOUT HAVING A DRINK OF AN ALCOHOLIC BEVERAGE.

A DRINK MEANS ONE REGULAR SIZE CAN/BOTTLE OF BEER OR WINE COOLER, ONE GLASS OF WINE, ONE MIXED DRINK, OR ONE SHORT GLASS OF LIQUOR.)

39. How much alcohol did you drink just before you took a drug for the first time (on the same occasion)?

(A) Have never used drugs
(B) None, did not drink alcohol before
(C) A little (one drink)
(D) Two drinks
(E) Quite a bit, 3 or more drinks

40. Over the *past two weeks*, how many times have you had five or more alcoholic drinks in a row?

(A) None
(B) Once
(C) Twice
(D) 3 to 6 times
(E) 7 to 9 times
(F) 10 times or more

41. About how old were you the first time you ever had an alcoholic drink?

(A) Never
(B) 10 years of age or younger
(C) 11
(D) 12
(E) 13
(F) 14
(G) 15
(H) 16
(I) 17
(J) 18
(K) 19 or older

PLEASE MAKE SURE YOU ARE NOW ON #42 ON THE ANSWER SHEET.

42. About how old were you the first time you *felt high, drunk, or intoxicated* from any kind of alcoholic beverage?

(A) Never
(B) 10 years of age or younger
(C) 11
(D) 12
(E) 13
(F) 14
(G) 15
(H) 16
(I) 17
(J) 18
(K) 19 or older

43. About how old were you the first time you *tried* a drug (not alcohol), such as marijuana, inhalants, etc.?

(A) Never
(B) 10 years of age or younger
(C) 11
(D) 12
(E) 13
(F) 14
(G) 15
(H) 16
(I) 17
(J) 18
(K) 19 or older

44. About how old were you the first time you *felt high or loaded* from a drug, such as marijuana, inhalants, etc.?

(A) Never
(B) 10 years of age or younger
(C) 11
(D) 12
(E) 13
(F) 14
(G) 15
(H) 16
(I) 17
(J) 18
(K) 19 or older

45. About how old were you when you smoked your first whole tobacco cigarette?

(A) Never
(B) 10 years of age or younger
(C) 11
(D) 12
(E) 13
(F) 14
(G) 15
(H) 16
(I) 17
(J) 18
(K) 19 or older

46. Have you *ever* been *high* at school on alcohol or another drug?

(A) Never
(B) Once or twice
(C) 3 to 6 times
(D) More than 6 times

47. Have you *ever* driven a car when you were drinking or been in a car with friends who were drinking and driving?

(A) Never
(B) Once or twice
(C) 3 to 6 times
(D) More than 6 times

48. Have you *ever* felt that you needed counseling or treatment for your alcohol *or* other drug use?

(A) No, I never used alcohol or other drugs
(B) No, but I do use alcohol or other drugs
(C) Yes, I did feel I needed counseling or treatment
(D) Don't know

49. Have you *ever* gotten very drunk or sick after drinking alcohol?

(A) Never, I don't drink alcohol
(B) Never gotten very drunk or sick
(C) Once or twice
(D) 3 to 6 times
(E) More than 6 times

50. How do you like to drink alcohol?

(A) I don't drink alcohol
(B) Just a sip or two
(C) Enough to feel it a little
(D) Enough to feel it a lot
(E) Until I get really drunk

How difficult is it for kids in your grade level to get any of the following types of drugs if they really want them?

		Very Difficult	Fairly Difficult	Fairly Easy	Very Easy	Don't Know
51.	Tobacco cigarettes	A	B	C	D	E
52.	Alcohol (beer, wine, liquor)	A	B	C	D	E
53.	Marijuana or other drugs	A	B	C	D	E

How many times have you tried to quit or stop using alcohol, cigarettes, or other drugs?

		Does Not Apply Never Used	None	1 time	2-3 times	4 or more times	Don't Know
54.	Tobacco cigarettes	A	B	C	D	E	F
55.	Alcohol (beer, wine, liquor)	A	B	C	D	E	F
56.	Other drugs (marijuana, cocaine, etc.)	A	B	C	D	E	F

PLEASE MAKE SURE YOU ARE NOW ON #57 ON THE ANSWER SHEET.

How harmful do you think it is to use the following substances *frequently* (daily or almost daily)?

		Extremely Harmful	Harmful	Somewhat Harmful	Mainly Harmless	Harmless
57.	Tobacco cigarettes	A	B	C	D	E
58.	Alcohol (beer, wine, liquor)	A	B	C	D	E
59.	Other drugs (marijuana, cocaine, etc.)	A	B	C	D	E

How many adults do you know who *regularly* use (about once a week) the following:

		None	Some	Many	Most	All
60.	Marijuana or hashish	A	B	C	D	E
61.	Cocaine or crack	A	B	C	D	E
62.	Methamphetamines or amphetamines (meth, speed, crank)	A	B	C	D	E

63. A lot of what I know about alcohol and drugs I learned from...
(Mark all that apply.)

(A) My friends
(B) My parents
(C) School classes or programs
(D) My own experience
(E) Brothers or sisters
(F) Movies, television
(G) Other

64. Where do *most* kids at your school who use drugs ***get*** them?
(Mark all that apply.)

(A) At school (friends)
(B) At parties or social events outside school
(C) From friends outside of school or parties
(D) At home (parents, brothers/sisters)
(E) From other family members not at home
(F) Directly from dealers in the community
(G) Other
(H) Don't know

65. Why do you think kids *your age* use alcohol or other drugs?
(Mark all that apply.)

(A) To get away from their problems
(B) To see what it's like
(C) Because their friends do
(D) To have fun
(E) Bored, nothing else to do
(F) Other
(G) Don't know

The next questions are about other experiences you may have had. *Over the past 12 months*, how often have you... **(Mark only one answer for each question.)**

		Never	Once	Twice	3 to 4 Times	5 or more Times
66.	Been absent from school all day without written excuse or permission	A	B	C	D	E
67.	Been suspended from school	A	B	C	D	E
68.	Damaged school property	A	B	C	D	E
69.	Marked graffiti or been a member of a tagging crew	A	B	C	D	E
70.	Been injured by someone at school	A	B	C	D	E
71.	Been threatened or bullied by someone at school	A	B	C	D	E
72.	Been afraid of being beaten up at school	A	B	C	D	E
73.	Been in a physical fight at school	A	B	C	D	E
74.	Been in a fight between a group of your friends and another group	A	B	C	D	E
75.	Been drunk or high at school	A	B	C	D	E
76.	Been involved in selling drugs	A	B	C	D	E
77.	Taken a gun to school	A	B	C	D	E
78.	Taken any weapon (knife, gun, or club) to school	A	B	C	D	E
79.	Used a knife, gun, club, or some other weapon to threaten or bully someone	A	B	C	D	E
80.	Been arrested by the police or sheriff	A	B	C	D	E
81.	Been physically injured by another student because of your race, ethnicity, sex, or disability	A	B	C	D	E

82. Has *your* drinking alcohol *ever* caused *you* to have any of the following problems? **(Mark all that apply.)**

(A) Does not apply, I never drank alcohol
(B) Get a traffic ticket or have an accident
(C) Get arrested
(D) Have money problems
(E) Get into trouble in school
(F) Hurt your school work
(G) Fight with other kids
(H) Fight with your parents
(I) Damage a friendship
(J) Pass out
(K) Forget what happened while drinking
(L) Other problems
(M) I've drunk alcohol but never had any problems

83. Has *your* use of marijuana or other drugs *ever* caused *you* to have any of the following problems? **(Mark all that apply.)**

(A) Does not apply, I never used marijuana or other drugs
(B) Get a traffic ticket or have an accident
(C) Get arrested
(D) Have money problems
(E) Get into trouble in school
(F) Hurt your school work
(G) Fight with other kids
(H) Fight with your parents
(I) Damage a friendship
(J) Have a "bad trip"
(K) Other problems
(L) I've used drugs but never had any problems

84. How often have you thought about quitting school in *the past 12 months*?

(A) Never
(B) Not very often
(C) Sometimes
(D) Very often
(E) Most of the time

THE NEXT QUESTIONS ARE ABOUT VIOLENCE AND SAFETY.

85. During the *past 12 months*, what have you done to deal with concerns over violence and safety? **(Mark all that apply.)**

(A) Talked to your parents or other relative about it
(B) Talked to an adult at school about it
(C) Talked to another adult about it (such as a minister or coach)
(D) Talked to friends about it
(E) Been in a program that teaches how to resolve a dispute or conflict and to avoid violence
(F) Did an activity or something else to help make your school safer
(G) Did an activity or something else to make your neighborhood safer
(H) Other
(I) Nothing

86. How safe do you feel when you are at school?

(A) Very safe
(B) Safe
(C) Somewhat safe
(D) Unsafe
(E) Very unsafe

87. How safe do you feel when you are in the neighborhood where you live?

(A) Very safe
(B) Safe
(C) Somewhat safe
(D) Unsafe
(E) Very unsafe

88. Have you ever been taught in school about how to avoid fighting and violence (such as in a class, assembly, or special program)?

(A) No
(B) Yes

89. Have you *ever* belonged to a gang?

(A) No
(B) Yes

THE NEXT QUESTIONS ARE ABOUT ACTIVITIES AND PROGRAMS TO PREVENT OR HELP STOP ALCOHOL AND DRUG USE.

90. What alcohol, or other drug use prevention activities have you done at your school *in the past 12 months*? **(Mark all that apply.)**

(A) Received information as part of course (such as health education, life skills, or science)
(B) Attended assemblies that talked about drug or alcohol use
(C) Attended a sober or drug-free dance or other social event (such as Friday Night Live)
(D) Been a member of a student prevention organization or club (such as SADD, Friday Night Live)
(E) Participated in an essay or art contest
(F) Listened to a guest speaker in a class (such as a former drug user, nurse)
(G) Signed a contract not to use alcohol or other drugs
(H) Signed a contract not to drink and drive
(I) Talked to another student about not using alcohol or other drugs
(J) Other
(K) Nothing
(L) Don't know

91. How has what you learned in school about alcohol or other drugs affected you? **(Mark all that apply.)**

(A) Never had classes or programs on alcohol or drugs in school
(B) Learned to avoid or reduce use of alcohol
(C) Learned to avoid or reduce use of drugs
(D) Helped me resist pressure from my friends to use drugs or alcohol
(E) Learned how alcohol and other drugs can be harmful to my health
(F) Helped me to understand and deal with my feelings
(G) Helped me seek treatment or counseling for my alcohol or drug use
(H) Helped me talk with my parents about my alcohol or drug use
(I) Has not affected me or not taught me anything
(J) Had already decided on my own not to use drugs or drink alcohol
(K) Made me more interested in trying alcohol or drugs

92. In your opinion, what would happen to a student at your school who has problems with alcohol or drug use? **(Mark all that apply.)**

(A) Would get help at school from a counselor, teacher or other adult
(B) Would get help at school from another student
(C) Would be able to join a self-help group with other students at school
(D) Would be expelled or transferred to another school
(E) Would be referred or sent to an outside program or agency for help
(F) Would not
(G) Don't know

THE NEXT QUESTIONS ARE ABOUT THINGS YOU MIGHT HAVE DONE TO HELP *STOP OR REDUCE USE* OF CIGARETTES, ALCOHOL, OR OTHER DRUGS.

Have you ever talked about stopping use with another student in a peer counseling or tutoring program at school?

		Yes	No	Don't Know
93.	Tobacco cigarettes	A	B	C
94.	Alcohol, marijuana, or other drugs	A	B	C

Have you ever talked about stopping use with an adult at school, such as a counselor, teacher, or coach?

		Yes	No	Don't Know
95.	Tobacco cigarettes	A	B	C
96.	Alcohol, marijuana, or other drugs	A	B	C

Have you ever attended a meeting, group, or program to help stop use, such as Alateen, Smoke Enders, or a school support group?

		Yes	No	Don't Know
97.	Tobacco cigarettes	A	B	C
98.	Alcohol, marijuana, or other drugs	A	B	C

In your opinion, how likely is it that a student would find help at your school to *stop using* cigarettes, alcohol, or other drugs?

		Very Likely	Fairly Likely	Not Likely	Don't Know
99.	Tobacco cigarettes	A	B	C	D
100.	Alcohol, marijuana, or other drugs	A	B	C	D

Does your school have any programs to help students *stop using* cigarettes, alcohol, or other drugs?

		Yes	No	Don't Know
101.	Tobacco cigarettes	A	B	C
102.	Alcohol, marijuana, or other drugs	A	B	C

103. About what was your grade point average in school i*n the past year*? **(Mark the letter or grade point average that is closest.)**

(A) A (3.5 or above)
(B) B (2.5 to 3.4)
(C) C (1.5 to 2.4)
(D) D (1 to 1.4)
(E) Below a D (less than 1)
(F) Don't know

104. If you are Asian American or Pacific Islander, which of the following ethnic groups do you primarily identify with? **(Mark only one letter.)**

(A) Does not apply, I am not Asian American or Pacific Islander
(B) Asian Indian
(C) Cambodian
(D) Chinese
(E) Filipino
(F) Guamanian
(G) Hawaiian
(H) Japanese
(I) Korean
(J) Laotian
(K) Samoan
(L) Vietnamese
(M) Other Asian American or Pacific Islander

105. If you are Hispanic or Latin American, which of the following ethnic groups do you primarily identify with? **(Mark only one letter.)**

(A) Does not apply, I am not Hispanic or Latin American
(B) Central American
(C) South American
(D) Cuban American
(E) Mexican American
(F) Puerto Rican American
(G) Other Hispanic American

106. If you identify yourself as of *mixed race or ethnicity*, what are the main groups in your family background? **(Mark all groups that apply.)**

(A) Does not apply

(B) American Indian or Native American

(C) Asian or Pacific Islander
(for example, Chinese, Filipino, Japanese, Korean
Cambodian, Vietnamese, Laotian, Asian Indian, or Samoan)

(D) Black or African American (non-Hispanic)

(E) Hispanic or Latin American
(for example, Mexican, Mestizo, South American, Central American, Cuban, Puerto Rican, or Spanish)

(F) White (Caucasian/non-Hispanic)
(for example, English, Irish, French, German, Scandinavian,
Greek, or Russian)

(G) Other

Please write in which other groups you identify with:

____

____

Thank You For Completing This Survey

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